

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4718

State File No. ....

No. 300  
10.48

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 23 1952 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Spickard</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <b>Spickard</b> 1400	
d. STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED a. (First) <b>ROSS</b> b. (Middle) <b>ALEXANDER SR.</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 7 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG-10-1866</b>
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>OHIO</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>JOHN ALEXANDER</b>	
13b. MOTHER'S MAIDEN NAME <b>ELLEN McMILLAN</b>		14. NAME OF HUSBAND OR WIFE <b>TRESSA ALEXANDER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>ROSS ALEXANDER JR. Spickard MO.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Interstitial Nephritis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> ANTECEDENT CAUSES DUE TO (b) <b>Organic Heart Disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4343</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from June 1951 to Feb 7, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 5:05 A.M., from the causes and on the date stated above.		22H. HOW DID INJURY OCCUR?	
23a. SIGNATURE <b>E H Ewing MD</b> (Degree or title)		23b. ADDRESS <b>Spickard MO</b>	
23c. DATE SIGNED <b>2-7-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>FEB-10-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LOWRY CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>MERCER CO. MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schooler Funeral Home Spickard MO.</b>	
DATE REC'D BY LOCAL REG. <b>2/9/52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Nathan Cooper</b> 114	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Schooler Funeral Home Spickard MO.</b>		ADDRESS	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.