

S. No. 300  
V. 10.48  
0480

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39056**

NOV 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 462

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blue</u>		c. LENGTH OF STAY (in this place) <u>76 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence Rural Blue</u>		0480
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 9851 Winner Rd.</u>			d. STREET ADDRESS (If rural, give location) <u>9851 Winner Rd.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrison</u> b. (Middle) <u>T.</u> c. (Last) <u>Alexander</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1952</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 8, 1876</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Hours _____	IF UNDER 4 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gulf &amp; Mobile</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Levasy, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Fayette Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Betty Alexander</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Betty Alexander, Independence, Mo.</u>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Hypertension</u>				<u>4 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>arteriosclerosis</u>				<u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Heart Disease</u>				<u>5 yrs</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 14, 1947, to 16 Nov, 1952, that I last saw the deceased alive on 14 Nov, 1952, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Saunders</u> (Degree or title)		23b. ADDRESS <u>Independence</u>		23c. DATE SIGNED <u>11-17-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs, Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-18-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Larson Independence, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Harold E. Keeler

Licensed Embalmer No. 4609

P. O. Address Leop. 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.