

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5650**

FILED FEB 24 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Nowata</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nowata</u>					
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>West Plains</u>		0460			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Surgical</u>				d. STREET ADDRESS (If rural, give location) <u>R 2 D</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chas</u>			b. (Middle) <u>Floyd</u>			c. (Last) <u>Alexander</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-53</u>									
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>4/15</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Parton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>unk</u>			13b. MOTHER'S MAIDEN NAME <u>unk</u>			14. NAME OF HUSBAND OR WIFE <u>Susan Alexander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Susan Alexander, West Plains, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Perforated peptic ulcer</u>				12/18/52	
				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 <u>12/18/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforating ulcer, duodenal</u>				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"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>12-18-52</u> to <u>1-10-53</u> , that I last saw the deceased alive on <u>1-10</u> , 1953, and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Stoll M.D.</u>				23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>12-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R</u>		24b. DATE <u>1/11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yuma</u>		24d. LOCATION (City, town, or county) (State) <u>Yuma, Colorado</u>			
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Robertus Matthews, Mo.</u>					

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

D. D. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Lane

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

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