

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14018**
2248
Registrar's No. _____

20174
FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>Jackson CO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butte Co 0071</u>	
b. CITY OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (In this place) <u>14 Days</u>	c. CITY OR TOWN <u>Butte</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>500 W. Harrison</u>	
3. NAME OF DECEASED (Type or Print) <u>Jerry C. Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 30 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3 only</u>	8. DATE OF BIRTH <u>4-14-53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Butte Memorial Hosp. Butte, Mo</u>
13a. FATHER'S NAME <u>Charles Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Norma Black</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Alexander, Butte, Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
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>4-16-</u> , 19 <u>53</u> , to <u>4-30</u> , 19 <u>53</u> that I last saw the deceased alive on <u>4-30-</u> , 19 <u>53</u> , and that death occurred at <u>12:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1624 Prof Bldg</u>	
23c. DATE SIGNED _____		24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>5-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
24d. LOCATION (City, town, or county) <u>Butte Mo</u> (State) _____		DATE REC'D BY LOCAL REG. <u>4-30-53</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John H. Underwood</u> ADDRESS <u>Butte, 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.....
Signature of Student Embalmer

Signed *John G. Underwood*
Licensed Embalmer No. *358*
P. O. Address *Butler N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.