

STANDARD CERTIFICATE OF DEATH

State File No. **22516**

FILED JUL 15 1953

0650

BIRTH NO. _____		REG. DIST. NO. <b>290</b>		PRIMARY REG. DIST. NO. <b>4427</b>		Registrar's No. <b>72</b>	
1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mariesi</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville, Missouri</b>		c. LENGTH OF STAY (In this place) <b>30 Min.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Miller, 06230</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville General Hospital</b>							
3. NAME OF DECEASED (Type or Print) <b>Winston</b>		a. (First) <b>Carl</b>		b. (Middle) <b>Alexander</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>7 2 1953</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>5/10/1927</b>		9. AGE (In years last birthday) <b>26</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>12</b>		IF UNDER 2 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Melvin Alexander</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Blankenship</b>		14. NAME OF HUSBAND OR WIFE <b>Audrey Alexander</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>Yes W. W. #2</b>		16. SOCIAL SECURITY NO. <b>493-32-8821</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Audrey Alexander, Dixon, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe TRUAMA to BRAIN</b>		ANTECEDENT CAUSES				<b>Approx 2 HRS -</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Gun shot wound</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 <b>976X 063</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Maries County, MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 2 53 7 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Self inflicted wound</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Billy Hedger, Coroner 3</b>				23b. ADDRESS <b>Crocker, Missouri</b>		23c. DATE SIGNED <b>July 5 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/4/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Freedom Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Maries County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-5-53</b>		REGISTRAR'S SIGNATURE <b>Paul M. Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred H. Gilbert, Dixon, Missouri</b>			

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

JUL 16 1953

RECEIVED 7-6-53  
Alaska County Health Officer  
File Number 7-11-53  
Date Filed

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.....

working under my personal supervision July 2 - 1953

Student .....  
Student Embalmer

Signed Fred C. Gilbert  
Student Embalmer No. ....

Licensed Embalmer No. 2341

P. O. Address Nixon 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.