

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24597**
Registrar's No. **3625**

FILED AUG 13 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 14479.		d. STREET ADDRESS (If rural, give location) 3022 Mercier Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		45	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) Robert (Bob)	b. (Middle)	c. (Last) Alexander	(Month) 7	(Day) 20	(Year) 1953	

5. SEX M.	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar. Div. 3	8. DATE OF BIRTH Jan. 2, 1891	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY apartments	11. BIRTHPLACE (City and State or Foreign Country) Waco, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Jarvis Alexander - div.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Pearl Payne - 718 1/2 E. 19th St. K.C. Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 153X
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Phlebothrombosis		
	ANTECEDENT CAUSES DUE TO (b) Resection of colon <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon.	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) m.	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 6-8-53, 19 , to 7-20-53, 19 , that I last saw the deceased alive on 7-20-53, 19 , and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) D. M.D.	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 7-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-53	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 7-23-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home	ADDRESS K.C. Mo.
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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

C. Kenneth Ferber

Licensed Embalmer No. _____

P. O. Address _____

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.