

**STANDARD CERTIFICATE OF DEATH**

State File No. **27550**  
Registrar's No. **50**

No. 300  
10.48 FILED JUL 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **6268**

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY OR TOWN <b>RURAL NIANQUA TWP</b>	c. LENGTH OF STAY (In this place) <b>2495</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL NIANQUA TWP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles N.E. NIANQUA</b>		d. STREET ADDRESS (If rural, give location) <b>3 MILES NE OF NIANQUA</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Floyd</b> c. (Last) <b>ALEXANDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 8 - 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>Dec 12 - 1881</b>	9. AGE (In years last birthday) <b>71</b>	10. MONTHS <b>7</b>	11. DAYS <b>26</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Thomas Alexander</b>	13b. MOTHER'S MAIDEN NAME <b>Susan J. Alexander</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Mae Alexander</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lillie M. Alexander</b>	ADDRESS <b>Nianqua Mo</b>
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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) <b>Heart attack</b>		
	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 <b>4343</b>	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)
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?

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 **8 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. E. Kellers, coroner</b>	23b. ADDRESS <b>Fardland Mo.</b>	23c. DATE SIGNED <b>7-10-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10 - 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mathis</b>	24d. LOCATION (City, town, or county) (State) <b>NIANQUA, MO.</b>
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DATE REC'D BY LOCAL REG. <b>7-17-53</b>	REGISTRAR'S SIGNATURE <b>J. J. Francis</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bucka Bantz G. Bone</b>	ADDRESS <b>Mathis Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 23 1953

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

*Rev. Boob*

Licensed Embalmer No.

*3848*

P. O. Address

*W. H. ...*

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.