

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42538

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1149-B

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Niangua</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ZARK OSTEOPATHIC HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>Rural 1720</u>	
3. NAME OF DECEASED a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>Alexandre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1953</u>	
5. SEX <u>Fe</u>	6. COLOR (OR RACE) <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>August 22, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Pe Kin, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Charles A. Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Claire Ingalls</u>		14. NAME OF HUSBAND OR WIFE <u>J. Floyd Alexandre</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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nellie E. Brump</u>		ADDRESS <u>Sumner, 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>Medullary Paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia</u> DUE TO (c) <u>Advanced lymphosarcoma of mediastinum.</u> 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	
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) <u>2001</u>	
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 <u>10-15, 1953</u> , to <u>12-28, 1953</u> , that I last saw the deceased alive on <u>12/27, 1953</u> , and that death occurred at <u>1:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>res. Marshall, Mo.</u>	
23c. DATE SIGNED <u>1-4-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 31 1954</u>		24c. NAME OF CEMETERY <u>Mathis</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Barth</u>	
DATE REC'D BY LOCAL REG. <u>1-8-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>MO.</u>		ADDRESS <u>Marshall</u>	

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

0-2960

STATEMENT BY LICENSED EMBALMER

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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 *Glenn N. Williams*.....

Licensed Embalmer No. *4651*.....

P. O. Address *Marshfield*.....

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.