

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7901**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4063** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Caldwell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton		c. LENGTH OF STAY (in this place) 10 Yrs.		c. CITY OR TOWN Hamilton		
d. FULL NAME OF HOSPITAL OR INSTITUTION			f. STREET ADDRESS (If rural, give location) 0130			
3. NAME OF DECEASED (Type or Print) a. (First) Edda b. (Middle) Ellsworth c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) 3-25-1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 1-3-1871		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months _____ Days _____		
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY -		13a. FATHER'S NAME Franklin Alexander		
13b. MOTHER'S MAIDEN NAME Amanda Bowersock		14. NAME OF HUSBAND OR WIFE Sarah Jane Alexander		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. E. Alexander		ADDRESS Hamilton, Mo.		
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) Cerebral hemorrhage ANTECEDENT CAUSES disruptive 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.			INTERVAL BETWEEN ONSET AND DEATH 15 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 331X		
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 Mar 18, 1954 , to Mar 25, 1954 , that I last saw the deceased alive on Mar 25, 1954 , and that death occurred at 10:10 P. m. , from the causes and on the date stated above.						
23a. SIGNATURE N. D. Elder		(Degree or title) D.O.		23b. ADDRESS Hamilton, Mo.		
23c. DATE SIGNED Mar 28, 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-1954		
24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Hamilton, Mo.		DATE REC'D BY LOCAL REG. 4-2-54		
REGISTRAR'S SIGNATURE Gladys Jones		25. FUNERAL DIRECTOR'S SIGNATURE Marion A. Brun		ADDRESS Hamilton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1958

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 *Morris A. Bass*.....

Licensed Embalmer No. *39*.....

P. O. Address *Hassil*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.