

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) William c. (Last) Alexander			4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1 - 18 - 1867	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Drayman		11. BIRTHPLACE (City and State or Foreign Country) Missouri	

13a. FATHER'S NAME George G. Alexander	13b. MOTHER'S MAIDEN NAME Isabel Northcut	14. NAME OF HUSBAND OR WIFE
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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 Wayne Alexander	ADDRESS Toacoma Wash
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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 13 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral accident (Stroke)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease 20 yrs 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	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) Brookfield (COUNTY) (STATE)
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 Nov. 17, 1954, to Nov. 26, 1954, that I last saw the deceased alive on Nov. 25, 1954, and that death occurred at 11:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE John W. White (Degree of title)	23b. ADDRESS Brookfield, Missouri	23c. DATE SIGNED 11/29/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-28-54	24c. NAME OF CEMETERY OR CREMATORY Purdin	24d. LOCATION (City, town, or county) Purdin (State)
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DATE REC'D BY LOCAL REG. 12-2-54	REGISTRAR'S SIGNATURE Nadine Stambach	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0580

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

Gerald F. Wade

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.