

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40287

FILED DEC 20 1954

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	c. LENGTH OF STAY (In this place) <u>14 Days</u>	c. CITY OR TOWN <u>FULTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>827 A Center St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEULAH</u> b. (Middle) <u>Wise</u> c. (Last) <u>ALEXANDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 9, 1881</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MUNICIPALITY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ROBERT WISE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY COLLIER</u>	14. NAME OF HUSBAND OR WIFE <u>MOSS ALEXANDER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert H. Alexander</u> ADDRESS <u>Fulton Mo</u>
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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) <u>over failure</u>		<u>week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous metastases in liver</u> DUE TO (c) <u>15601</u>		<u>4 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Immunodeficiency, mild</u>		<u>2 year</u>	

19a. DATE OF OPERATION <u>August 57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma benign bladder in liver</u>	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)	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 Feb 7, 1954 to Dec 12, 1954, that I last saw the deceased alive on 12 Dec, 1954, and that death occurred at 12:22 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Alexander</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>13 Dec 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>	24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 18, 1954</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u> ADDRESS <u>Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

430

OCT 14 1955

**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 *J. C. Ross* .....  
Licensed Embalmer No. *2555*

P. O. Address *Heather*

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.