

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40774
5646

State File No.

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 40 yrs

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident
STREET ADDRESS (If rural, give location) 1718 Montgall

3. NAME OF DECEASED (Type or Print)
a. (First) Sam b. (Middle) Hewitt c. (Last) Alexander

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 6, 1954

5. SEX male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Sept. 9, 1883

9. AGE (In years last birthday) 71

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Pine Bluff, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lawrence Alexander

13b. MOTHER'S MAIDEN NAME Tina Myers

14. NAME OF HUSBAND OR WIFE Helen Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 496-09-2099

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah T. Ray 1400 Alabama St. Pine Bluff

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: Hypertrophy of left Ventricle
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dilatation of Heart
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH
4343

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-12-54, 1954 to 12-6-54, 1954, that I last saw the deceased alive on 12-6-54, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

22. SIGNATURE F. J. Haygen MD (Degree or title) _____

23b. ADDRESS 2200 E 18th

23c. DATE SIGNED 12-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE Dec. 9, 1954

24c. NAME OF CEMETERY OR CREMATORY Westlawn

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 12-9-54 REGISTRAR'S SIGNATURE Wesley Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros Funeral Home 10th Benton

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

In Waugh

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 *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Bent*

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.