

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12305

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Hume		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Hospital			e. STREET ADDRESS (If rural, give location) -- 2070		
3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) _____ c. (Last) Innes			4. DATE OF DEATH (Month) (Day) (Year) April 18 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 17 1882	9. AGE (In years last birthday) 74	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) laborer		10b. KIND OF BUSINESS OR INDUSTRY strip coal mining	11. BIRTHPLACE (City and State or Foreign Country) Scotland	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Innes	13b. MOTHER'S MAIDEN NAME Kathryn Matheson	14. NAME OF HUSBAND OR WIFE Elizabeth Innes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 509 05 5098^{NO.}	17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Seth Arnold, Pleasanton Kansas			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 36 HRS		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UREMIA			3 DAYS		
DUE TO (c) ANURIA			48 HRS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS LIVER WITH ASCITES CHRONIC NUTRITIONAL ANEMIA; ALCOHOLISM			UNKNOWN UNKNOWN		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5811
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 <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 APRIL 14 1956 , to APRIL 18 1956 , that I last saw the deceased alive on April 17 1956 , and that death occurred at 2:35A.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John M. Cooper M.D.			23b. ADDRESS BUTLER, MO		23c. DATE SIGNED 4-18-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 20 1956	24c. NAME OF CEMETERY OR CREMATORY Hume	24d. LOCATION (City, town, or county) (State) Hume Bates Missouri		
DATE REC'D BY LOCAL REG. April 18-56	REGISTRAR'S SIGNATURE Hendall Kermy		FUNERAL DIRECTOR'S SIGNATURE ADDRESS FORNEDEN FUNERAL HOME PLEASANTON KANSAS Paul A. Forneden		

(Licensed Embalmer's Statement on Reverse Side)

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

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, on ~~6/11/XX~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Earl W. Farneden*.....

Licensed Embalmer No. 358

P. O. Address Pleasanton

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.