

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41288**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 112

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Fayette, Missouri</u> c. LENGTH OF STAY (in this place) <u>3 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> c. CITY OR TOWN <u>Fayette</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>803 W. Spring Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR <u>9</u> Months <u>25</u> Days	IF UNDER 2 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baptist Church</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Thomas Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Alice Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Carr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>486-12-6704</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R. L. Alexander Fayette, Mo.</u>		ADDRESS _____
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) <u>Carcinoma of prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to lung</u> DUE TO (c) _____				<u>3 mos.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
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 <u>April</u> , 19 <u>54</u> , to <u>Nov-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov-24</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Wm J. Shaw M.D.</u>			23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>12-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/29/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		
		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12-2-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Call</u>		
				ADDRESS <u>Fayette, Missouri</u>		

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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 *Ralph A. Carr*.....
Licensed Embalmer No. *33*

P. O. Address *Jayette*.....

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.