

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5933

FILED FEB 27 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits give TOWNSHIP) Inside Limits OR <u>St. Francois Township</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TOWN <u>Farmington, Mo - Rural</u>			c. CITY OR TOWN <u>Flat River,</u> <u>0942</u> <u>7</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral Area Osteo.</u>			Length of stay in 1b <u>9 Da.</u>		d. STREET ADDRESS (If outside, give location) <u>Norwine St.</u>
3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>(none)</u> Last <u>ALEXANDER</u>			4. DATE OF DEATH Month <u>Feb-</u> Day <u>12,</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 28, 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Alexander</u>			14. MOTHER'S MAIDEN NAME <u>Mary Parmley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Minnæ Alexander Flat River, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <u>Feb 2, 1957</u> to <u>Feb 12, 1957</u> and last saw <u>her</u> alive on <u>Feb 12, 1957</u> Death occurred at <u>8:00 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wm. Stayfield M.D.</u>			22b. ADDRESS <u>Farmington, Missouri</u>		22c. DATE SIGNED <u>2/15/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Feb 14, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
24. FUNERAL DIRECTOR <u>Murphy L. Sparks Flat River, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 15 1957</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Murphy Sparks*  
Licensed Embalmer No. ....

P. O. Address *St. Louis, Mo.*

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.