

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15896

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 51

1050

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Milan	c. LENGTH OF STAY (In this place) I Week	c. CITY OR TOWN Pollock	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 (If not in hospital or institution, give street address or location) Sullivan County Memorial Hospital		e. STREET ADDRESS (If rural, give location) 1050	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Maude c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) April 20 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 18 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W. T. Christian		13b. MOTHER'S MAIDEN NAME Laura Alice Valentine		14. NAME OF HUSBAND OR WIFE		

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. None	17. INFORMANT'S SIGNATURE OR NAME Clifford Alexander Pollock, Missouri		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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Truly acute jaundice		INTERVAL BETWEEN ONSET AND DEATH 6 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Opacities of vitreous & cloudy cornea			
	DUE TO (c) 1. Bumpy arteriosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5721		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) Ockon, Sullivan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 July 1954, to April 20, 1957, that I last saw the deceased alive on April 19, 57, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph S. McGill	(Degree or title) M.D.	23b. ADDRESS M. Ockon, Mo	23c. DATE SIGNED 5/3/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 23 1957	24c. NAME OF CEMETERY OR CREMATORY Pollock Cemetery	24d. LOCATION (City, town, or county) (State) Pollock, Missouri

DATE REC'D BY LOCAL REG. 4-24-57	REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE Comstock Funeral Home BY W. Comstock	ADDRESS Unionville, Mo.
-------------------------------------	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

525

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 *James W. Comstock*.....

Licensed Embalmer No. *4197*.....

P. O. Address *Unionville N.*.....

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.