

FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23685

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 476

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Neelyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff			Length of stay in lb 49 3 days		d. STREET ADDRESS (If outside, give location) Neelyville, Mo.
3. NAME OF DECEASED (Type or print) First Mary Middle E. Last Alexander			4. DATE OF DEATH Month 7 Day 22 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Corning, Ark.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert P. Cook			14. MOTHER'S MAIDEN NAME Addie Alice Walls		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT John Alexander Neelyville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
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 7-19-57 to 7-22-57 and last saw her ^{him} alive on 7-22-57 Death occurred at 5 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. H. Houshman M. D.</i>			22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 7-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/25/57	23c. NAME OF CEMETERY OR CREMATOR Neelyville		23d. LOCATION (City, town, or county) (State) Neelyville, Mo.	
24. FUNERAL DIRECTOR McCord-Gish		ADDRESS Naylor, Mo.		25. DATE RECD. BY LOCAL REG. 8/1/57	26. REGISTRAR'S SIGNATURE <i>B. H. Minter</i>

(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

RECEIVED

AUG 6 - 1957

BUTLER CO: HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Bryan McCord* _____

Licensed Embalmer No. *40*

P. O. Address *Way, Pa.*

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.