

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1137

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 383

Health, Welfare, Public Service

300
-57 0

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</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>St Marys</u>		Length of stay in lb <u>30 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>427 Ward Parkway</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr Donald R Alexander</u>			4. DATE OF DEATH Month Day Year <u>1-24-1958</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>5-13-1896</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life (man or child)) <u>Director of Sales Relation Union Pacific R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Topeka, Kansas U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John A Alexander</u>	13b. MOTHER'S MAIDEN NAME <u>Clara M Roach</u>
14. NAME OF HUSBAND OR WIFE <u>Lillian Alexander</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, World War I</u>	
16. SOCIAL SECURITY NO. <u>712-01-7536</u>		17. INFORMANT Address <u>Lillian Alexander 427 Ward Parkway</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>C coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>4250</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 yrs.</u> <u>4250</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.)	
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>11-1-54</u> to <u>1-24-58</u> and last saw him alive on <u>1-24-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Graham Owens M.D.</u>		22b. ADDRESS <u>906 Grand K.C. Mo.</u>	
22c. DATE SIGNED <u>1-25-58</u>		23. NAME OF CEMETERY OR CREMATORY <u>MT Moriah</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-27-58</u>	
23c. LOCATION (City, town, or county) (State) <u>Jackson Co MO</u>		24. FUNERAL DIRECTOR ADDRESS <u>France-Wornall Funeral Home</u>	
25. DATE RECD. BY LOCAL REG. <u>1-25-58</u>		26. REGISTRAR'S SIGNATURE <u>neva mindhall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are not mentioned in Part I must be causally related.

Graham Owens

Dr. W. from Dec. 11/22 913

12:30



3700 W 64th.

EN 28160

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 *Russell J. France*

Licensed Embalmer No. *4255*

P. O. Address *K. C. Me*

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.