

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021780
State File No. 2919

FILED JUL 11 1958

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 51 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Forest Avenue Rest Home		3. STREET ADDRESS (If rural, give location) 2637 East 29th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle)	c. (Last) Alexander
4. DATE OF DEATH June 5, 1958		5. SEX Female	
6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 8, 1883	9. AGE (in years last birthday) 75 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child Nurse		10b. KIND OF BUSINESS OR INDUSTRY Orphan Home	11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Miller	
13b. MOTHER'S MAIDEN NAME Jennie Price		14. NAME OF HUSBAND OR WIFE William Alexander	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lillie M. Collins		ADDRESS K. C. Mo.	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input 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 6/4 1958 to 6/5 1958 , that I last saw the deceased alive on 6/5 1958 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE L. S. Daigle M.D.		23b. ADDRESS 2122 Truman Rd.	
23c. DATE SIGNED 6/9/58		24. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/10/58	
24c. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Meek's Mortuary	
DATE REC'D BY LOCAL REG. 6-10-58		REGISTRAR'S SIGNATURE Neva Minshall	
ADDRESS K. C. Mo.		ADDRESS K. C. Mo.	

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

L. S. Daigle



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 *Myllard B. Kasker*.....

Licensed Embalmer No. *501*.....

P. O. Address *M.C.*.....

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.