

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

-60-033665

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 8000 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTLAND			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE			Length of stay in 1b 13 DAYS		c. CITY OR TOWN MEMPHIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAISY Middle MARGARET Last ALEXANDER						4. DATE OF DEATH Month SEPTEMBER Day 20 Year 1960	
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 3/10/60	9. AGE (last birthday) 79		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		11. BIRTHPLACE (City and state or country) SCOTLAND COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME LEMUEL SMALL			13b. MOTHER'S MAIDEN NAME LAURE FALES			14. NAME OF HUSBAND OR WIFE JAMES ALEXANDER	
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 Address VIOLET HATHAWAY ST. LOUIS, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CEREBRO - VASCULAR ACCIDENT (THROMBOSIS)							9/16/60
DUE TO (b) ARTERIOSCLEROSIS - BILIARY TRACT OBSTRUCTION							UNKNOWN
DUE TO (c) TUMOR HEAD OF PANCREAS (CA?)							UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC CHOLECYSTITIS - CHOLELITHIASIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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 9/7/60 to 9/20/60 and last saw her her live on 9/20/60 Death occurred at 7:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Carl Neal Jr D.O.</i>				22b. ADDRESS <i>Keokuk, Mo</i>		22c. DATE SIGNED 9-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/22/60	23c. NAME OF CEMETERY OR CREMATORY SCOTLAND COUNTY CEMETERY		23d. LOCATION (City, town, or county) (State) SCOTLAND COUNTY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS <i>Walter P. Raloff Memphis</i>				25. DATE RECD. BY LOCAL REG. 9-27-1960		26. REGISTRAR'S SIGNATURE <i>Doris W. Raloff</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL MANCHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Fred Gerth *Fred Gerth*

Licensed Embalmer No. 1029

P. O. Address Memphis, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.