

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045177

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 609

FILED JAN 2 1962

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>e. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b>  |  | Length of stay in 1b<br><b>45 yrs.</b>  | c. CITY OR TOWN <b>Independence</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jackson Nursing Home<br/>1041 Truman Road</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS <b>816 W. Maple</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>MRS. BETTY</b> Middle <b>ANN</b> Last <b>ALEXANDER</b> |  |  | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>20</b> , Year <b>1961</b> |  |
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|-------------------------|----------------------------------|---|--|-------------------------------------|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 14, 1877</b> | 9. AGE (last birthday)<br><b>84</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|--|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Blue Springs, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA.</b> |
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| 13a. FATHER'S NAME<br><b>Andrew J. Andrews</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Susan Montgomery</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Harry T. Alexander, dec.</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Mrs. Walter Lynch<br/>816 W. Maple, Independence, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>48 HRS.</b> |
| IMMEDIATE CAUSE (a) <b>Brauehospneumonia</b>   |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Cerebral Hemorrhage</b> <b>6yr</b>               |  |
|  | DUE TO (c) <b>Arteriosclerotic Hypertension</b> <b>10 yrs.</b> |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____ |
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| 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<br>COUNTY _____ STATE _____ |
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21. I attended the deceased from 2-9-53 to 12-20-61 and last saw her alive on 18 Nov 61.  
Death occurred at approx. 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>E. Saunders</b> | 22b. ADDRESS<br><b>Independence</b> | 22c. DATE SIGNED<br><b>12/22/61</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Dec. 22, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Springs Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Blue Springs, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>OTT &amp; MITCHELL, Indep., Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>12-22-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Alta L Craig</b> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Dudley, Mo

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.