

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1096

BIRTH NO. 1 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 3523 Registrar's No.

42  
0  
0

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pittsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pittsburg</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>South Park of Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Park of Pittsburg</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elisa</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Alexander</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1949</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 23 1958</u>	9. AGE (If years last birthday) <u>90</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u> IF UNDER 12 Hrs. Hours <u></u> Min. <u></u>	
----------------------	-------------------------------	---	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Hickory County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>John Edde</u>	13b. MOTHER'S MAIDEN NAME <u>Harrietta Alsop</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Alexander</u>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Pitts</u> ADDRESS <u>Pittsburg Mo</u>
---	--	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>  <u>3 yrs</u>
	ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertension</u> <u>myocarditis</u> DUE TO (c) <u></u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>L/22.2</u>	20. AUTOPSY? YES <input 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) m.	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 Jan 1949 to Jan 1949, that I last saw the deceased alive on Dec 27 1948 and that death occurred at 1209 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Doyle McCraw MD</u>	23b. ADDRESS <u>Bolivar Mo</u>	23c. DATE SIGNED <u>1-1-49</u>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nemo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nemo Mo</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 13-1949</u>	REGISTRAR'S SIGNATURE <u>W.P. Hargiss</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Blue</u> ADDRESS <u>Bolivar, Mo.</u>
---	---	--

RECEIVED

District Health Officer No. 71

District File Number 12-48-1620

Date Filed 1-18-49

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.

Signed Howard R. Erwin

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Belmar, 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 this body is not embalmed, fact should be so stated above.