

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4007

BIRTH NO. _____		REG. DIST. NO. <u>3</u>		PRIMARY REG. DIST. NO. <u>5106</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cole Twp.</u>				c. LENGTH OF STAY (in this place) <u>3 yrs.</u>			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cole Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>14 Miles South of Cole Camp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Cole Camp</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Edward</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Alexander</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 15, 1859</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>			
11. BIRTHPLACE (State or foreign country) <u>Jennings County Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Caleb Green Alexander</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Ruth Alexander</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.E. Bledsoe</u>				ADDRESS <u>Lincoln, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis</u> DUE TO (c) <u>Enlarged Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old age</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4222</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>✓</u>							
22. I hereby certify that I attended the deceased from <u>Dec 30, 1948, until 2, 1949</u> , that I last saw the deceased alive on <u>Feb 26, 1949</u> , and that death occurred at <u>045 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. A. Marty, M.D.</u>				23b. ADDRESS <u>Lakeview Heights 3-3-49</u>			
23c. DATE SIGNED <u>3-3-49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>March 4 1949</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cem.</u>				24d. LOCATION (City, town or county) (State) <u>Bloomfield Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MARCH 3 1949</u>				REGISTRAR'S SIGNATURE <u>E. E. Eickhoff</u> 394			
FURNAL DIRECTOR'S SIGNATURE <u>L. Stevenson</u>				ADDRESS <u>Lower Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 2-49-177

Date Filed 3-7-49

MAR 23 1949

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4073

P. O. Address Stover, 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.