

STANDARD CERTIFICATE OF DEATH

State File No. 22498

FILED AUG 2 1949

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3000		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <u>Jackson Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelton</u>			
c. CITY (If outside corporate limits, write RURAL and give township) <u>Buena Vista Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Joel</u>		<u>Carlo</u>		<u>Alexander</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 9, 1873</u>	
9. AGE (In years, last birthday) <u>75</u>		10. MONTHS <u>11</u>		11. DAYS <u>11</u>		12. HOURS <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>North Cuba N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Wallace Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Emily S. Lacy</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P.C. Pratt</u>		ADDRESS <u>Appleton City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>444X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Jan</u> , 19 <u>35</u> , to <u>July 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 15</u> , 19 <u>49</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.L. Hansen M.D.</u>				23b. ADDRESS <u>Appleton City Mo</u>		23c. DATE SIGNED <u>7-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Randall K. Kury</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Docan Eckhoff</u>		ADDRESS <u>Appleton City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 1950

RECEIVED

District Health Officer No. 71

District File Number 7-49-924

Date Filed 8-1-49

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.

Student
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.