

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 24401

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5990</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>PuTnam</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" JACKSON TOWNSHIP</u> c. LENGTH OF STAY (in this place) <u>70 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PuTnam</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" JACKSON TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) <u>Lucerne Mo.</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>MILTON</u> c. (Last) <u>ALEXANDER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>FEBRUARY-25-1876</u>	
9. AGE (in years last birthday) <u>73</u>		10. UNDER 1 YEAR Months <u>46</u> Days <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>LINN COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			
13a. FATHER'S NAME <u>MARLEY ALEXANDER</u>				13b. MOTHER'S MAIDEN NAME <u>LETHA DYLAN</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eldon Robt Lucerne Mo.</u> ADDRESS _____	
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>marked Coronary Enlargement</u> DUE TO (c) <u>General Heart Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH <u>5-7 years</u> <u>4214</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 11, 1949</u> , to <u>July 13, 1949</u> , that I last saw the deceased alive on <u>July 11, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Alexander, Jr., D.</u> (Degree or title) _____				23b. ADDRESS <u>1714 Franklin St. Mo.</u>		23c. DATE SIGNED <u>7/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST LIBERTY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PuTnam County MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-27-49</u>		REGISTRAR'S SIGNATURE <u>Marvell D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>266 ...</u> ADDRESS <u>Unionville, Mo.</u>			

RECEIVED AUG 4 1949
District Health Officer No.
District File Number 8-49-13
Date Filed AUG 4 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.

Student
Student Embalmer

Signed

James W. Somatuck

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.)

19 If this body is not embalmed, fact should be so stated above.