No. 300
10.48

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25920
State File No.

BIRTH NO. REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Webster 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour Rt 4
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Fenley Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour Mo Rt 4
d. STREET ADDRESS (If rural, give location): Rural Fenley Twp

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): Clyde
c. (Last): Alexander

4. DATE OF DEATH (Month) (Day) (Year): July 14 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 30 1886
9. AGE (In years last birthday): 63 — If under 1 year: Months 5, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Webster County Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Alexander
13b. MOTHER'S MAIDEN NAME: Melissa Ropley
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Billie Barker — ADDRESS: Seymour Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

593X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1949, *to* 7-14, 1949, *that I last saw the deceased alive on* 7-14, 1949, *and that death occurred at* 11:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J A Fuson MD
23b. ADDRESS: Mansfield Mo
23c. DATE SIGNED: 7-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-17-49
24c. NAME OF CEMETERY OR CREMATORY: Seymour
24d. LOCATION (City, town, or county) (State): Seymour Mo

DATE REC'D BY LOCAL REG.: 7-23-49
REGISTRAR'S SIGNATURE: Gilbert Jones 343
25. FUNERAL DIRECTOR'S SIGNATURE: Kelley, Terrell, Bergman — ADDRESS: Seymour Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 30 1949
District Health Office No. 6,
District File Number 749-874
Date Filed 7-30-49

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. 282 ..... working under my personal supervision.

Student Max L. Miller
Student Embalmer

Signed K. K. Kelley
Licensed Embalmer No. 3374
P. O. Address Fordland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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