

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6225 State File No. 32823

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>156</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)			
a. COUNTY <u>Bernon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural of Wbd. of Bernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R C Bernon</u>		d. STREET ADDRESS (If rural, give location) <u>528 maple</u>	
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) <u>ALEXANDER</u>		b. (Middle) <u>FRUDOT</u>		c. (Last) _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
(Type or Print)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR	
		<u>9-21-49</u>		<u>78</u>		Months <u>6</u> Days <u>29</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Emp. Trans. Elevator</u>		<u>Grain</u>		<u>St Louis Mo</u>		<u>USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Unknown</u>		<u>Unknown</u>		<u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
<u>No</u>		<u>✓</u>		<u>Hospital records</u>		<u>Nevada</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>				?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Senile debilitation</u>					
		DUE TO (c) <u>✓</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>4222</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
<u>None</u>						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)		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>2-3-1949</u> to <u>9-21-1949</u> , that I last saw the deceased alive on <u>9-21-1949</u> , and that death occurred at <u>10-20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE				23b. ADDRESS		23c. DATE SIGNED	
<u>R. H. Neal M.D.</u>				<u>Nevada Mo</u>		<u>9-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>9-22-49</u>		<u>Unknown</u>		<u>Saint Louis, Mo.</u>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Sept 22, 49</u>		<u>Ballhuys H. Yonney</u>		<u>Allen H. Kaye</u>		<u>Nevada, Mo.</u>	
(Licensed Embalmers' Statement on Reverse Side)							

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

RECEIVED

District Health Officer No. 7,

District File Number 8-49-11

Date Filed 9-22

1931
[illegible]

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Merada, 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.