

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38168**

FILED NOV 16 1949

BIRTH NO. **47793-49** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY Jennison		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jennison	
b. CITY (If outside corporate limits, write RURAL and give township) Hayti Rural		c. CITY (If outside corporate limits, write RURAL and give township) Hayti	
c. LENGTH OF STAY (in this place)		OR TOWN 78	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Leslie c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1949		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) W		8. DATE OF BIRTH Aug 9 1949		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 12 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lape Girardeur Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Richard M Alexander		13b. MOTHER'S MAIDEN NAME Almeda J Tolson		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Richard Alexander Hayti Mo		ADDRESS Mo	
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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) Fractured skull				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Concussion of Brain					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				26	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 84		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) between Hayti, Carterville, Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-22-49 6 p.m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident	
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22. I hereby certify that I attended the deceased from **Oct. 22, 1949**, to **Oct. 22, 1949**, that I last saw the deceased alive on **Oct. 20, 1949**, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Al Shiner M.D.		(Degree or title)		23b. ADDRESS Hayti, Mo.		23c. DATE SIGNED 11-2-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/25/49		24c. NAME OF CEMETERY OR CREMATOR Woodlawn		24d. LOCATION (City, town, or county) (State) Hayti, Mo	
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DATE REC'D BY LOCAL REG. 11/10/49		REGISTRAR'S SIGNATURE John W German		406		FUNERAL DIRECTOR'S SIGNATURE John W German		ADDRESS Hayti, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

11-49-259
11-1-32

NOV 14 RECD

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

John H. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.