

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38168**

BIRTH NO. <b>47793-49</b>		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>5902</b>		Registrar's No. <b>116</b>	
1. PLACE OF DEATH a. COUNTY <b>Demiseot</b>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Demiseot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti Rural</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>		18	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Richard</b>		b. (Middle) <b>Leslie</b>		c. (Last) <b>Alexander</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify)		8. DATE OF BIRTH <b>Aug 9 1949</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		9b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Hayti, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Richard M Alexander</b>		13b. MOTHER'S MAIDEN NAME <b>Almeda J. Telmon</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Richard Alexander Hayti, Mo</b>			
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) <b>Fractured Skull</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Concussion of Brain</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>26</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hayti, Mo</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Hayti, Missouri, Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-22-49 6 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident</b>			
22. I hereby certify that I attended the deceased from <b>Oct. 22, 1949</b> , to <b>Oct. 22, 1949</b> , that I last saw the deceased alive on <b>Oct. 20, 1949</b> , and that death occurred at <b>8:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. D. L.</b>				23b. ADDRESS <b>Hayti, Mo.</b>		23c. DATE SIGNED <b>11-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Hayti, Mo</b>	
DATE REC'D BY LOCAL REG. <b>11/10/49</b>		REGISTRAR'S SIGNATURE <b>John W. German</b>		FUNERAL DIRECTOR'S SIGNATURE <b>John W. German</b>		ADDRESS <b>Hayti, Mo</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

11-49-259  
11-1-323

NOV 14 REC'D

### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Signed

*John H. German*

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.