

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **701**

FILED JAN 20 1950

1350

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

BIRTH NO. _____		REG. DIST. NO. <b>108</b>		PRIMARY REG. DIST. NO. <b>4179</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Stoddard</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stoddard, Mo</b>		<b>0350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<b>Garland Selma</b>		<b>Alexander</b>		<b>1-5-1950</b>		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec 22-1871</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Truckee, Ark</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe T. Alexander, Truckee</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>Myocarditis</b> ANTECEDENT CAUSES Morbidity 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. <b>422.2</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? 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) m.		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 <b>December 15, 1949</b> , to <b>January 5, 1950</b> , that I last saw the deceased alive on <b>Jan 5, 1950</b> , and that death occurred at <b>7 4</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert E. Martin MD</b>				23b. ADDRESS <b>Senath Missis</b>		23c. DATE SIGNED <b>1-11-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1/15/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Truckee</b>		24d. LOCATION (City, town, or county) (State) <b>Truckee, Ark</b>	
DATE REC'D BY LOCAL REG. <b>1-14-1950</b>		REGISTRAR'S SIGNATURE <b>Miss H. L. Lanning</b>		91 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Funeral Home</b>			

(Licensed Embalmer's Statement on Reverse Side)

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT  
KENNETT, MISSOURI 1-18-50  
County File No 150-27

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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

Ottie Delinger  
working under my personal supervision.

Student Embalmer No. 548

Signed.....  
Student Embalmer

Signed

Ottie Delinger

Licensed Embalmer No. 548 ARK

P. O. Address Newport, Ark

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.