

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1950

State File No. 9568

23

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 570		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lake View Rest Home</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Hudson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0610</u>			
3. NAME OF DECEASED (Type or Print) <u>Marcy E. Alexander</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Mar-15-1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov-19-1862</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 24 HRS. Days <u>26</u> Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John S. Lyda</u>		13b. MOTHER'S MAIDEN NAME <u>Armita Huffman</u>		14. NAME OF HUSBAND OR WIFE <u>W.L. Alexander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nora Davisson</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>33 1/4</u>	
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 <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1950, and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. D. Bason M.D.</u>				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>3/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>Attanta Macon Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/17/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambr... Attanta Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3/23/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 3/50/58.....  
Date Filed 3/25/50.....

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*H. M. Gooding*

Licensed Embalmer No. 1750-1

P. O. Address *Atlanta 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.