300

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

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11640

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Duck Creek
c. LENGTH OF STAY (in this place): 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Duck Creek 1057
d. STREET ADDRESS (If rural, give location): Puxico Mo R# 2

3. NAME OF DECEASED (Type or Print): a. (First) Amos b. (Middle) E c. (Last) Alexander
4. DATE OF DEATH: (Month) Mar. (Day) 26 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 27 1889
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 3 Days 29 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Vernon. Ind. I
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Ed Alexander
13b. MOTHER'S MAIDEN NAME: Mercy Lowe
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Walter Lowe ADDRESS: Puxico. Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation — 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) Congestive heart failure
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension (supp. report) 1343

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. I hereby certify that I attended the deceased from Mar 26, 1950, to _____, 19__, that I last saw the deceased alive on Mar 26, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE: H. Dellinger MD (Degree or title)
23b. ADDRESS: Puxico Mo
23c. DATE SIGNED: 3/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 27-1950
24c. NAME OF CEMETERY OR CREMATORY: Rock Hill Cemetery
24d. LOCATION (City, town, or county): Puxico (State): Mo

DATE REC'D BY LOCAL REG.: 3-28-50
REGISTRAR'S SIGNATURE: Floyd Morgan 358
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1950

APR 10 1950

RECEIVED APR 3 19

District Health Office No.

District File Number 450 - 2

Date Filed

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Purdie, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.