

FILED APR 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11898

BIRTH NO. _____ **REG. DIST. NO.** 38 **PRIMARY REG. DIST. NO.** 3006 **Registrar's No.** 119

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rocheport</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 W. Ash St.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>McFALL</u> c. (Last) <u>ALEXANDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 4, 1871</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Miami, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. MOTHER'S MAIDEN NAME <u>Matilda Shelton</u>	
13a. FATHER'S NAME <u>Mart Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>William Alexander</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dewey Pipes</u>		ADDRESS <u>408 W. Ash, Columbia, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>		<u>2 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral apoplexy & left hemiplegia.</u>		<u>4 months</u>		<u>334 X</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) <u>Columbia, Boone, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Dec 16, 1949</u> , to <u>Apr 6, 1950</u> , that I last saw the deceased alive on <u>Apr. 6, 1950</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Maurice E. Cooper M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>Apr. 14, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 14 1950</u>		REGISTRAR'S SIGNATURE <u>31</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>0</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District File Number

District Health Officer No. 9,

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

Tom McHarg

Licensed Embalmer No. *4067*

P. O. Address *Columbia, 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.