

FILED MAY 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11952

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 535

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>28 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u>		0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>A</u> c. (Last) <u>Alexander</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>2</u> <u>1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 14, 1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>0</u>		11. DAYS <u>18</u>		12. IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby 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 ADDRESS <u>Ruby Alexander, Breckenridge, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u> 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 <u>5 day</u> <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>April 4, 1950</u> , to <u>May 2, 1950</u> , that I last saw the deceased alive on <u>May 2, 1950</u> , and that death occurred at <u>2 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Garrett Thomas M.D.</u>				23b. ADDRESS <u>At State Hosp no 2</u>		23c. DATE SIGNED <u>5/2-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chillicothe, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>		382 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Jenkins</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

James B. Hawkins

Licensed Embalmer No. *4536*

P. O. Address *319 South 10th St. St. Joseph*

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.