

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13444

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 230	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 13 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 North Oak Street				d. STREET ADDRESS (If rural, give location) 319 North Oak Street 0			
3. NAME OF DECEASED (Type or Print) Frank		a. (First)		b. (Middle)		c. (Last) ALEXANDER	
4. DATE OF DEATH (Month) (Day) (Year) May 3, 1950		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH March 27, 1877		9. AGE (In years less birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Jacksonville, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Harris Alexander		13b. MOTHER'S MAIDEN NAME Melissa Cooley		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499 24 1710		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.H. Alexander 319 N. Oak St Joplin, Mo.			
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) _____ 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 331X	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from Apr 30, 1950, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 8:40 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles E Cooley				23b. ADDRESS Joplin Mo		23c. DATE SIGNED 5-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE May 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 5-5-50		REGISTRAR'S SIGNATURE Ed J. James		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.	

(Licenced Embalmer's Statement on Reverse Side)

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

RECEIVED 5-8-50
Jasper County Health Office
County File Number 50-4-378
Date Filed 5-8-50

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

William E. Sheddleston

Licensed Embalmer No.

4770

P. O. Address

Joplin, 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.