

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16277**

0310

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4162** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY <b>DAVIESS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <b>MO.</b> b. COUNTY <b>DAVIESS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LOCKSPRINGS</b>	c. LENGTH OF STAY (in this place) <b>89 YR.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>FAMESPORT LOCKSPRINGS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NORA</b>	b. (Middle) <b>ALEXANDER</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 13 1950</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. <del>NEVER</del> NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>12</b>	8. DATE OF BIRTH <b>MAY 16 1890</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b>	IF UNDER 4 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>	11. BIRTHPLACE (State or foreign country) <b>NETTLETON, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>AM.</b>
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13a. FATHER'S NAME <b>FRANK ALEXANDER</b>	13b. MOTHER'S MAIDEN NAME <b>AMANDA BOWERSOX</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. J. Grimes</b>	ADDRESS <b>Chillicothe</b>
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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) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>481X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lock Springs</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **May 16**, 1950, to **May 13**, 1950 that I last saw the deceased alive on **May 16**, 1950, and that death occurred at **2:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Forrest S. Dawley M.D.</b>	(Degree or title)	23b. ADDRESS <b>Chillicothe Mo</b>	23c. DATE SIGNED <b>May 16 1950</b>
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24a. BURIAL (Specify)	24b. DATE <b>5-14-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LOCKSPRINGS CEMETER</b>	24d. LOCATION (City, town, or county) (State) <b>LOCKSPRINGS MO.</b>
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DATE REC'D BY LOCAL REG. <b>22 May 1950</b>	REGISTRAR'S SIGNATURE <b>Virginia M Englehart</b>	81	FUNERAL DIRECTOR'S SIGNATURE <b>Richardson Ferguson</b>	ADDRESS <b>Lock Springs Mo.</b>
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(Licensed Embroider'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 \_\_\_\_\_

Licensed Embalmer No. 4715

P. O. Address \_\_\_\_\_

**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.