

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH19320  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>21</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Boone Twp.</u>		c. LENGTH OF STAY (In this place) <u>30</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Boone Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Ollie</u>		a. (First)		b. (Middle) <u>C</u>		c. (Last) <u>Alexander</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 20. 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>Jan. 13, 1874</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ross Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James H. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Martha F. Watts</u>		14. NAME OF HUSBAND OR WIFE	
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>Leo Alexander Merwin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last <u>and</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Interstitial Nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>443X</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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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>June 20, 1950</u> , to <u>June 20, 1950</u> , that I last saw the deceased alive on <u>June 20, 1950</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Robinson M.D.</u>		(Degree or title)		23b. ADDRESS <u>Adrian, Mo.</u>		23c. DATE SIGNED <u>6-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Point</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-21-50</u>		REGISTRAR'S SIGNATURE <u>L. A. Mangal</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harbert Mangold</u>		ADDRESS <u>Husterden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-5-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7-6-50

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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 L. H. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.