

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. **22679**

BIRTH NO. _____		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 5031		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cuivre		c. LENGTH OF STAY (In this place) 72 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cuivre		0040	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 11 miles south Vandalia				d. STREET ADDRESS (If rural, give location) 11 miles south Vandalia			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Effie c. (Last) Alexander				4. DATE OF DEATH (Month) (Day) (Year) July 12, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec 20, 1877	
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Days 6		11. IF UNDER 24 HRS. Hours 22		12. IF UNDER 1 MIN. Min. 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Vandalia, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Joseph Alexander		13b. MOTHER'S MAIDEN NAME Louise Martin		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Will Lovelace, Vandalia, Missouri			
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Intestinal Obstruction 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 592x	
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) 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 Dec 10, 1950 to July 12, 1950 , that I last saw the deceased alive on July 12, 1950 , and that death occurred at 10 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. W. Kirsch, M.D.				23b. ADDRESS Middleton, Mo		23c. DATE SIGNED July 15	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 14, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Audrain County, Missouri	
DATE REC'D BY LOCAL REG. July 16/1950		REGISTRAR'S SIGNATURE Mallie Fugate		5. J. HENRY DIRECTOR'S SIGNATURE W. Waters		ADDRESS Vandalia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 20 1950
District Health Officer No. 10
District File Number 7-50-1144
Date Filed JUL 27 1950

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 Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.