

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22771**

FILED JUL 17 1950

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>806</u>	
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>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington</u> <u>6380</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Meth. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frank</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Alexander</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 6, 1884</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTH (Day) (Year) <u>July 6, 1950</u>		11. BIRTHPLACE (State or foreign country) <u>Albany, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>tenant farm</u>		13a. FATHER'S NAME <u>Litton Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Pringle</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lizabeth Alexander</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Courtney Alexander</u>	
17. ADDRESS <u>Darlington, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia by fastidious</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Glomerular Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>1 yr</u> <u>4 2 2 2</u> <u>?</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) 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>7-3-50</u> , 19 <u>50</u> , to <u>7-6-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-6-50</u> , 19 <u>50</u> , and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. C. Senne md.</u>		23b. ADDRESS <u>207 14 S Bldg St Joseph Mo</u>		23c. DATE SIGNED <u>7-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-12-50</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u> <u>382</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter B. Bunn</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

W. H. C. Dennis

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. Hawkin

Licensed Embalmer No. 4536

P. O. Address

319 S. 70th St. St. Paul, Minn.

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.