

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30761**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **161**

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Prairie Twp**
 c. LENGTH OF STAY (in this place) **114:3M-120**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Jackson County Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City 3008**
 d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
 a. (First) **FRANK** b. (Middle) **C** c. (Last) **ALEXANDER**
 4. DATE OF DEATH (Month) (Day) (Year) **9-1-50**

5. SEX **M** **6. COLOR OR RACE** **W** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **S** **8. DATE OF BIRTH** **12-16-1890** **9. AGE (in years last birthday)** **59**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **-P-** **10b. KIND OF BUSINESS OR INDUSTRY** **-P-** **11. BIRTHPLACE (State or foreign country)** **Charute, Kansas** **12. CITIZEN OF WHAT COUNTRY?** **1**

13a. FATHER'S NAME **Unknown** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Unknown** **ADDRESS** **Jackson Co. Home, Rt. #4 - Indep. 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Coronary heart disease**
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Epilepsy**
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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from March 9, 1950, to Sept 1, 1950, that I last saw the deceased alive on August 31, 1950, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE **W. H. [Signature]** (Degree or title) _____ **23b. ADDRESS** **West Bank Bldg** **23c. DATE SIGNED** **9/1/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial (1)** **24b. DATE** **Sept-1-1950** **24c. NAME OF CEMETERY OR CREMATORY** **Lee's Summit Cem-** **24d. LOCATION (City, town, or county) (State)** **Lee's Summit - Jackson - Mo.**

DATE REC'D BY LOCAL REG. **9-1-50** **REGISTRAR'S SIGNATURE** **Donald C. Emswiler** **25. FUNERAL DIRECTOR'S SIGNATURE** **N. B. LANGSFORD** **ADDRESS** **LEE'S SUMMIT, MO.**

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

1480
5

SEP 26 RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.

Not Embalmed
W B Langford