

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36389

State File No.

BIRTH NO. REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norborne
c. LENGTH OF STAY (In this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 North Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Carroll
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norborne 0170
d. STREET ADDRESS (If rural, give location) 206 North Walnut

3. NAME OF DECEASED
a. (First) James
b. (Middle) Robert
c. (Last) Alexander
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1950

5. SEX Male
6. COLOR OR RACE Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 5 - 1880
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Garage work
11. BIRTHPLACE (State or foreign country) Carroll Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Alexander
13b. MOTHER'S MAIDEN NAME Louise (Unknown)
14. NAME OF HUSBAND OR WIFE Ethel Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) NO NO
16. SOCIAL SECURITY NO 492-14-4125
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Alexander Norborne, Mo.

8. 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) apoplexy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
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 6 hours
- 34X

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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR

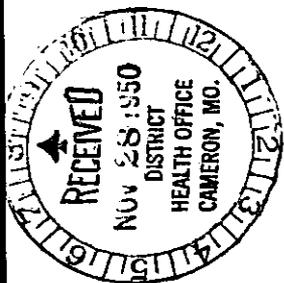
22. I hereby certify that I attended the deceased from Nov. 19 50 to Nov. 20 50, that I last saw the deceased alive on Nov. 20, 19 50, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. C. Case (Degree or Title) M.D.
23b. ADDRESS Norborne, Mo.
23c. DATE SIGNED 11-21-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 22-1950
24c. NAME OF CEMETERY OR CREMATORY Stemple Cemetery.
24d. LOCATION (City, town, or county) (State) North Norborne, Mo.

DATE REC'D BY LOCAL REG Nov. 22 1950
REGISTRAR'S SIGNATURE Eileen Pennington
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Hatcher, Norborne, MO.

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



DEC 19 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 JM

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.