

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41508

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural Richwoods		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Rural Richwoods	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Saurilda	b. (Middle) Elizabeth	c. (Last) Alexander	(Month) 11	(Day) 29	(Year) 1950
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2/20/1874	9. AGE (In years last birthday) 76	10. F UNDER 1 YEAR 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Sheppard Holycross	13b. MOTHER'S MAIDEN NAME Adelia Hale	14. NAME OF HUSBAND OR WIFE Sherman Alexander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Willie Alexander, Dixon, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach		1 yr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		51X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Sept 21, 1950, to Nov. 29, 1950, that I last saw the deceased alive on Nov. 28, 1950, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Gould	(Degree or title) D.O. 2	23b. ADDRESS Iberia, Mo.	23c. DATE SIGNED 12/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/1/1950	24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery	24d. LOCATION (City, town, or county) (State) Miller County, Missouri
DATE REC'D BY LOCAL REG. Dec. 5. 1950	REGISTRAR'S SIGNATURE Jessie Perkins 195	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 17 1950

MILLER COUNTY HEALTH DEPARTMENT

RECEIVED

DEC 1 1950

MILLER COUNTY HEALTH DEPARTMENT

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 *Maurice Schurborn*

Licensed Embalmer No. *4505*

P. O. Address *Dixon, 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.