

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3630

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6265 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTHVIEW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTHVIEW; MO. 112<sup>nd</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHVIEW MO.</u>		d. STREET ADDRESS (If rural, give location) <u>NORTHVIEW, MO.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUTHER</u>	b. (Middle) <u>C.</u>	c. (Last) <u>ALEXANDET</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20, 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 20, 1887</u>	9. AGE (In years last birthday) <u>63</u>	10. 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>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>NIANGUA, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>TOMMY LEWIS</u>	13b. MOTHER'S MAIDEN NAME <u>FLORENTINE CHANDLER</u>	14. NAME OF HUSBAND OR WIFE <u>MAY ALEXANDET</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAY ALEXANDET</u>	ADDRESS <u>HOME</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Stomach)</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1949 to JAN. 20, 1951, that I last saw the deceased alive on Jan. 20, 1951, and that death occurred at 11:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Todd, D.C.</u> (Degree or title)	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>1/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACK OAK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-24-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 392	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO FUNERAL HOME</u>	ADDRESS <u>Marshfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD:  
District No. 5 - Springfield

RECEIVED JAN 30 1951

Dist. File 157-2-376

Date Filed 1-30-51

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, Md.

(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.