

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4272

BIRTH NO. 0290		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo.		0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Dennie		b. (Middle) North		c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) Feb 23 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 25 1878	
9. AGE (in years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Webster Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Constantine Alexander		13b. MOTHER'S MAIDEN NAME Sarah Dixon		14. NAME OF HUSBAND OR WIFE Elza Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elza Alexander Lockwood 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 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  831X	
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) 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 1-23, 1951, to 2-23-51, 1951, that I last saw the deceased alive on 2-23, 1951, and that death occurred at 7:05p m., from the causes and on the date stated above.							
23a. SIGNATURE James E. Wren M.D.		(Degree or title)		23b. ADDRESS Lockwood Mo		23c. DATE SIGNED 2-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-27-51		24c. NAME OF CEMETERY OR CREMATORY Kings Point		24d. LOCATION (City, town, or county) (State) Dade Co Mo	
DATE REC'D BY LOCAL REG. 2-28-51		REGISTRAR'S SIGNATURE Geo L. Blair 19		25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison Greenfield Mo.		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

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

DEPT. OF HEALTH OF MASS.  
L. No. 5 - Springfield

RECEIVED MAR 5 1957

Dist. File 351-446

Date Filed 3-6-51

### 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 W.R. Allison

Licensed Embalmer No. 4404

P.O. Address Greenfield, Mass.

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.