

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

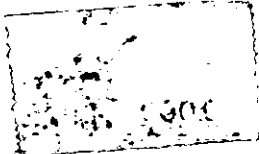
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State File No.

Register's No. 275

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Register's No. 275	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission) a. STATE Missouri b. COUNTY ~~Missouri~~ Daviess			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (If this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Gallatin		0310	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Holland		b. (Middle) Murray		c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 21, 1901	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) Plattsburg, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) Plattsburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert R. Alexander		13b. MOTHER'S MAIDEN NAME Ollie Murray		14. NAME OF HUSBAND OR WIFE Myrl Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrl Alexander - Gallatin, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cholecystitis & Cholelithiasis 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. Peritonitis & Liver failure				INTERVAL BETWEEN ONSET AND DEATH 1 year 584 x 3 days	
19a. DATE OF OPERATION 2 Mar 1951		19b. MAJOR FINDINGS OF OPERATION Cholecystitis & Cholelithiasis				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 26 Feb, 1951, to 8 Mar, 1951, that I last saw the deceased alive on 8 Mar, 1951, and that death occurred at 1:05 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Shuford M.D. (Degree or title)				23b. ADDRESS St. Joseph MO		23c. DATE SIGNED 8 Mar 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE March 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin, Missouri	
DATE REC'D BY LOCAL REG. Mar 12, 1951		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Missouri (Licensed Embalmer's Statement on Reverse Side)			

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



SEP 7 1951

1951

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 Charles M. Hammit

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.