

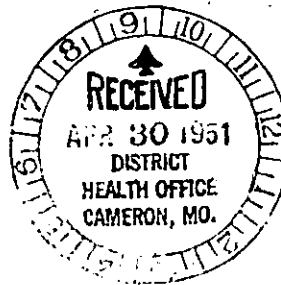
FILED MAY 4 1951 STANDARD CERTIFICATE OF DEATH

State File No. 13272

BIRTH NO. <u>22999-51</u>		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton, Mo.</u> c. LENGTH OF STAY (In this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u> d. STREET ADDRESS (If rural, give location) <u>Princeton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>William</u> c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-7-51</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	
8. DATE OF BIRTH <u>April 6 -51</u>		9. AGE (In years last birthday) <u>0</u> 10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Kenneth W. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Fry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Alexander Mill Grove, Mo.</u>			
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) <u>premature birth</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.		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		776X		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) (Min.)		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 <u>4-6-</u> , 19 <u>51</u> , to <u>4-7-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-6-</u> , 19 <u>51</u> , and that death occurred at <u>4:20Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Byron Z. Axtell</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Princeton, Missouri</u>		23c. DATE SIGNED <u>4-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Topsy Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Dr. J. Ruth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home Princeton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank Martin

Signed _____
Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Princeton, 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.