

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22030**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **194**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tyler Nursing Home		d. STREET ADDRESS (If rural, give location) 4 West Blvd. So.	

3. NAME OF DECEASED (Type or Print) WILLIAM	a. (First)	b. (Middle)	c. (Last) ALEXANDER	4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 12, 1865	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 2 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Tyrone County, Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Alexander	13b. MOTHER'S MAIDEN NAME Rose Ann Campbell	14. NAME OF HUSBAND OR WIFE Gretta Campbell Alexander
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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) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dewey Pipes, Columbia, Mo.
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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) Anemia		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Chronic Hypertension 3 yrs DUE TO (c) Chronic Nephritis 3 yrs		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis 10 yrs		

19a. DATE OF OPERATION June 21-1951	19b. MAJOR FINDINGS OF OPERATION Acute Urinary Retention	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) (Minute)	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 1, 1951**, to **July 24, 1951**, that I last saw the deceased alive on **July 23, 1951**, and that death occurred at **2 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Dietrich	23b. ADDRESS Prof. Bldg. Columbia Mo	23c. DATE SIGNED July 24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery	24d. LOCATION (City, town, or county) (State) Nelson, Missouri.
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DATE REC'D BY LOCAL REG. July 24, 1951	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Services, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-30-51

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 _____

Joseph W Phillips

Student Embalmer No. 429

working under my personal supervision.

Student *Joseph W Phillips*
Student Embalmer

Signed *Tom M Harg*

Licensed Embalmer No. 2667

P. O. Address Columbia P.O.

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.