

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32964

State File No. _____

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron.		c. LENGTH OF STAY (In this place) 32 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron.		0251
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.			d. STREET ADDRESS (If rural, give location) West 37th St.		

3. NAME OF DECEASED (Type or Print) a. (First) HATTIE. b. (Middle) LEMAN. c. (Last) ALEXANDER.			4. DATE OF DEATH (Month) (Day) (Year) Oct 22 51		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH OCT-10-1882.		9. AGE (In years last birthday) 69.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work.	11. BIRTHPLACE (State or foreign country) Ind.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Newell		13b. MOTHER'S MAIDEN NAME Emily Coshett		14. NAME OF HUSBAND OR WIFE William Alexander.	
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. no		17. INFORMANT'S SIGNATURE OR NAME Emily Wood Cameron mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterial thrombosis 2 days		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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) Arterio sclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **7-20, 1947**, to **10-22, 1951**/that I last saw the deceased alive on **10-22, 1951**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Miller MD (Degree or title)		23b. ADDRESS Cameron Mo.		23c. DATE SIGNED 10-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 24 51		24c. NAME OF CEMETERY OR CREMATORY Hylan	
DATE REC'D BY LOCAL REG. 10-25-51		REGISTRAR'S SIGNATURE Winifred W. Moore		24d. LOCATION (City, town, or county) (State) Clinton Co Mo	
		25. FUNERAL DIRECTOR'S SIGNATURE Palmer Funeral Home		ADDRESS 37th St. Cameron Mo	

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

251
0



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 Robert P. Poland

Licensed Embalmer No. 4777

P. O. Address 224 West 5th St.
Camden, N.C.

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.