

FILED NOV 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34677

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>261</u>	
1. PLACE OF DEATH a. COUNTY <u>Kandolph</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> c. LENGTH OF STAY (in this place) <u>1 week</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>8160</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owenton</u> <u>8</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jimmie</u>		b. (Middle) <u>Davis</u>		c. (Last) <u>Alexander</u>	
4. DATE OF DEATH		(Month) <u>November</u> (Day) <u>5</u> (Year) <u>1951</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Nov. 14, 1881</u>		9. AGE (in years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jesse Hayden Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Cobb</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. W.C. Alexander, Clifton Hill</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio renal</u> ANTECEDENT CAUSES <u>Vascular Disease</u> DUE TO (b) <u>??</u> DUE TO (c) <u>??</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES ☐ NO ☐		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
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) (Minute) 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 <u>Oct. 4, 1951</u> , to <u>Nov 5, 1951</u> , that I last saw the deceased alive on <u>Nov 4, 1951</u> and that death occurred at <u>2:45 AM</u> from the causes and on the date stated above.		23a. SIGNATURE <u>Thos. S. Fleming</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Moberly Mo</u>	
23c. DATE SIGNED <u>Nov 5</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Owenton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Owenton, Kentucky</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>		25. ADDRESS <u>...</u>		26. DATE REC'D BY LOCAL REG. <u>Nov 5 51</u>	
26. REGISTRAR'S SIGNATURE <u>...</u>		26. ADDRESS <u>...</u>		26. DATE REC'D BY LOCAL REG. <u>Nov 5 51</u>		26. REGISTRAR'S SIGNATURE <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 29 1951

Date Received: NOV 13 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-2010
Date Filed: NOV 13 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

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.