

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38208

FILED NOV 27 1951

BIRTH NO. _____		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5827		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 miles west of Lilbourn</u>				d. STREET ADDRESS (If rural, give location) <u>Route</u>					
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First) <u>G</u>		b. (Middle) <u>Alexander</u>		c. (Last)			
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>12</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>MARRIED</u>		8. DATE OF BIRTH <u>Oct 29, 1891</u>			
9. AGE (In years last birthday) <u>60</u>		10. 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>Hamilton Mass</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Parker Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Mae Love</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Elrod</u>			
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>Josephine Alexander Lilbourn 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>Chr. Myocarditis Mitral Stenosis & Insufficiency & Decomp.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> 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>about 3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>Info left 3X</u>		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) (Minute)		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>Dec. 6</u> , 1950, to <u>Nov. 12</u> , 1951, that I last saw the deceased alive on <u>Nov. 12</u> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John J. Kilham MD</u>				23b. ADDRESS <u>Portageville, Mo</u>		23c. DATE SIGNED <u>11-17-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crittenden Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>West Memphis ARK</u>			
DATE REC'D BY LOCAL REG. <u>11-21-51</u>		REGISTRAR'S SIGNATURE <u>J. L. Rouse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Josephine Elrod</u> ADDRESS <u>Portageville, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 26 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No.

P. O. Address

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.