

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28929**

2860

150 AUG 21 1952

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **2049** Registrar's No. **119**

| | | | |
|--|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti Wardell | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot County Hosp. | | d. STREET ADDRESS (If rural, give location) 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Payton c. (Last) Alexander | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 29, 1875 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | |
| 11. BIRTHPLACE (State or foreign country) Tennessee | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Zeno Alexander | | 13b. MOTHER'S MAIDEN NAME Mollie Alexander | |
| 14. NAME OF HUSBAND OR WIFE Donna Alexander | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME Donna Alexander ADDRESS Wardell, Mo. | |
| 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) CEREBRO-VASCULAR ACCIDENT ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC-HYPERTENSION DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 331X | | 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) (Minute) _____ | |
| 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 7-19 , 19 52 , to 8-1 , 19 52 , that I last saw the deceased alive on 8-1 , 19 52 , and that death occurred at 10:30A m., from the causes and on the date stated above! | | | |
| 23a. SIGNATURE C.D. Nais (Degree or title) M.D. | | 23b. ADDRESS Hayti, Mo. | |
| 23c. DATE SIGNED 8-9-52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 8-4-52 | | 24c. NAME OF CEMETERY OR CREMATORY Dry Bayou | |
| 24d. LOCATION (City, town, or county) (State) R. 1 Hayti, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Wardell, Mo. | |
| DATE REC'D BY LOCAL REG. 8-15-52 | | REGISTRAR'S SIGNATURE John W. Herman | |

(Licensed Embalmer's Statement on Reverse Side)

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

8-52-250

Rec, AUG 18 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

SEP 29 1952

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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.