

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35997

FILED NOV 10 1952

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 255	
1. PLACE OF DEATH a. COUNTY <u>randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		0893	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 Franklin Street</u>				d. STREET ADDRESS (If rural, give location) <u>510 Franklin Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Bert</u>		a. (First)		b. (Middle)		c. (Last) <u>Alexander</u>	
4. DATE OF DEATH <u>October 30, 1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>May 24, 1877</u>		9. AGE (In years last birthday) <u>75 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Warsaw, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jonath Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Alexander; Moberly, Mo.</u>		ADDRESS	
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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>2 1/2 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>Moberly Randolph Mo</u>		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>11-30</u> , 19 <u>52</u> , to <u>10-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-30</u> , 19 <u>52</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. Smith M.D.</u>		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>11-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-1-52</u>		REGISTRAR'S SIGNATURE <u>E. B. Patton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. Patton &amp; Sons Huntville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

*Paul J. Patton*

Licensed Embalmer No. *4095*

P. O. Address *Huntsville, 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.