V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 690

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 1

6000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IOOF. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty 6000
d. STREET ADDRESS (If rural, give location): Liberty, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): E.
c. (Last): Alexander

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 17-1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 1, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Lebanon Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Geo. Alexander
13b. MOTHER'S MAIDEN NAME: Margaret Tate.
14. NAME OF HUSBAND OR WIFE:

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 ADDRESS: IOOF Home Records Liberty, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 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) 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 _____, 1949, to _____, 1953, that I last saw the deceased alive on 1/2/53, 19__, and that death occurred at 4:20 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Goodson MD
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 1/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 2-53
24c. NAME OF CEMETERY OR CREMATORY: Lebanon
24d. LOCATION (City, town, or county) (State): Lebanon, Mo.

DATE REC'D BY LOCAL REG.: Jan. 2. 1953
REGISTRAR'S SIGNATURE: Minnie Haynes 64-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Church-Archer Co. Liberty Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.