

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **11006**

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Randolph 08813				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Moberly 0883			
d. FULL NAME OF HOSPITAL OR INSTITUTION 833 Concannon				d. STREET ADDRESS (If rural, give location) 833 Concannon			
3. NAME OF DECEASED (Type or Print)		a. (First) Etna		b. (Middle) Alexander		c. (Last)	
4. DATE OF DEATH		Month Feb		Day 6		Year 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 23 1883	
9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months 2		11. UNDER 1 YEAR Days 13		12. UNDER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY 			
11. BIRTHPLACE (City and State or Foreign Country) Mo				12. CITIZEN OF WHAT COUNTRY? Mo			
13a. FATHER'S NAME James Lyda		13b. MOTHER'S MAIDEN NAME Sena F Lee		14. NAME OF HUSBAND OR WIFE James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME James Alexander ADDRESS Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Minutes years years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Jan 1949 , to March 6, 1953 , that I last saw the deceased alive on March 6, 1953 , and that death occurred at 11:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. M. Connell D.O.				23b. ADDRESS 300 1/2 Reed St. Moberly Mo.		23c. DATE SIGNED 3-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-1953		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Mo	
DATE REC'D BY LOCAL REG. 3-8-53		REGISTRAR'S SIGNATURE Sead Villanueva		25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son		ADDRESS Moberly Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1955

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

Frank D. O'Hara

Licensed Embalmer No. 3021

P. O. Address Moberly 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.