

STANDARD CERTIFICATE OF DEATH

State File No. **18610**

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>Linn</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u> d. STREET ADDRESS (If rural, give location) <u>412 So. Clinton</u>	
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3. NAME OF DECEASED (Type or Print)
 a. (First) Rose b. (Middle) _____ c. (Last) Alexander d. DATE OF DEATH (Month) (Day) (Year) May 30 1953

5. SEX F **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Jan 28 1884 **9. AGE** (In years last birthday) 69 if under 1 year: Months 4 Days 2 if under 1 mo. 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) Clinton Mo **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Wesley Johnson **13b. MOTHER'S MAIDEN NAME** Diana Johnson **14. NAME OF HUSBAND OR WIFE** Ed Alexander

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.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Jessie Byrd **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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute myocardial infarct</u> DUE TO (c) <u>ventral hernia</u>		<u>4 yrs</u> <u>5 mo.</u> <u>10 yr</u>
	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** _____ **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.) 4201 **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 April 25 1953, to May 29 1953, that I last saw the deceased alive on May 27 1953 and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE Ray H. Dale (Doctor or title) **23b. ADDRESS** Brookfield Mo **23c. DATE SIGNED** 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** June 3 **24c. NAME OF CEMETERY OR CREMATORY** Rose Hill **24d. LOCATION** (City, town, or county) (State) Brookfield Mo.

DATE REC'D BY LOCAL REG. 6-3-53 **REGISTRAR'S SIGNATURE** Nadine Hambach **25. FUNERAL DIRECTOR'S SIGNATURE** Homer Bowman **ADDRESS** Brookfield Mo

(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 *James Bowden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield 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.