

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22366

State File No. \_\_\_\_\_

FILED JUN 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5911</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Brassy City Rural</u> c. LENGTH OF STAY (In this place) _____ 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>Pemiscot</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Brassy City Rural</u> d. STREET ADDRESS (If rural, give location) <u>0780</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arson</u> b. (Middle) <u>Lee</u> c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>3</u> (Year) <u>53</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>		8. DATE OF BIRTH <u>10-12-1919</u>		9. AGE (In years last birthday) <u>33</u>		10. IF UNDER 1 YEAR Days <u>7</u> Hours <u>21</u> Min. _____	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Sanders Mills McHenry Co Tenn</u>		13. BIRTHPLACE (State or foreign country) <u>Tenn</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. FATHER'S NAME <u>J. A. Alexander</u>		16. MOTHER'S MAIDEN NAME <u>Orice Wells</u>		17. NAME OF HUSBAND OR WIFE _____		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	
19. SOCIAL SECURITY NO. <u>432-26-3434</u>		20. INFORMANT'S SIGNATURE OR NAME <u>Miss Orice Alexander</u>		21. ADDRESS <u>Brassy City Mo</u>		22. MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Accidental Carbon-monoxide</u> b. ANTECEDENT CAUSES DUE TO (a) _____ DUE TO (b) <u>Poisoning</u> DUE TO (c) _____ c. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
23. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</u>		24. DATE OF OPERATION <u>8 9 11 3</u>		25. MAJOR FINDINGS OF OPERATION <u>078</u>		26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		29. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Brassy City Pemiscot Mo.</u>		30. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-3-53 ?</u>	
31. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR? <u>Went to sleep too near exhaust</u>		33. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		34. SIGNATURE (Degree or title) <u>John St. Herman Curran</u>	
35. ADDRESS <u>Hayti, Mo.</u>		36. DATE SIGNED <u>6-3-53</u>		37. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		38. DATE <u>6-7-53</u>	
39. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		40. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		41. DATE REC'D BY LOCAL REG <u>6-18-53</u>		42. REGISTRAR'S SIGNATURE <u>John St. Herman</u>	
43. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Trust Co Steele Mo</u>		44. ADDRESS _____		45. (Licensed Embalmer's Statement on Reverse Side)			

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

6-212-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

~~W~~ 20 1953

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.