

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23620

State File No.

FILED JUL 8 - 1953
BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4513 Registrar's No. 10

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Sullivan	b. CITY (If outside corporate limits, write RURAL and give township) Green Castle	a. STATE Missouri	b. COUNTY Sullivan
c. LENGTH OF STAY (in this place) 4 mos		c. CITY (If outside corporate limits, write RURAL and give township) Green Castle <u>1750</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Alfred	c. (Last) Alexander	4. DATE OF DEATH	(Month) June	(Day) 30	(Year) 1953
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5. SEX m	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH January 30, 1886	9. AGE (In years last birthday) 67	10. MONTHS 5	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Liberty, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Berry Alexander	13b. MOTHER'S MAIDEN NAME Irene Owens	14. NAME OF HUSBAND OR WIFE None
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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. 499-18-4456	17. INFORMANT'S SIGNATURE OR NAME <i>Duke Alexander</i>	18. ADDRESS <i>Green Castle, Mo.</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	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. ✓		

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 26, 1953, to June 30, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 1:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>A. J. Garrison M.D.</i>	23b. ADDRESS <i>Wauwage, Mo.</i>	23c. DATE SIGNED <i>7-2-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Elmwoods Cem	24d. LOCATION (City, town, or county) (State) Jackson Township, Mo.
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DATE REC'D BY LOCAL REG. <i>July 7-53</i>	REGISTRAR'S SIGNATURE <i>Annabelle D. Casper</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Glenn E. Hunt & Son</i>	ADDRESS <i>Green City, Mo.</i>
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Licensed Embalmer's Statement on Reverse Side

JUL 17 1959

JUL 17 1959

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.