

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24565

State File No. ....

FILED JUL 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>1 Fo</u>		PRIMARY REG. DIST. NO. <u>5544</u>		Registrar's No. <u>75</u>				
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp.</u>			c. LENGTH OF STAY (in this place) <u>32 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp.</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. R. #4</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. #4</u>						
3. NAME OF DECEASED a. (First) <u>Charles</u>			b. (Middle) <u>Fredrick</u>		c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 25, 1882</u>		9. AGE (In years last birthday) <u>70</u>		
						# UNDER 1 YEAR <u>11</u>		# UNDER 1 MIN. <u>29</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert B. Alexander</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Elgin</u>			14. NAME OF HUSBAND OR WIFE <u>Beatrice Bradley</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Alexander Fayette, Mo</u>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive failure</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension-Chronic myocarditis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS: <u>Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>3 yrs</u>  <u>5 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
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)		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 <u>Jan - 1889</u> , to <u>July 24, 1953</u> , that I last saw the deceased alive on <u>24 July, 1953</u> , and that death occurred at <u>5:15 P.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Name or title) <u>Mr. J. Shaw MD</u>					23b. ADDRESS <u>Fayette Mo.</u>			23c. DATE SIGNED <u>July 25-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-25-53</u>		REGISTRAR'S SIGNATURE <u>Mary D. Shell</u>			FURNERAL DIRECTOR'S SIGNATURE <u>Joseph A. Carr</u>		ADDRESS <u>Fayette, Mo.</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

AUG 4 1953

AUG 18 1953

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 *Joseph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.