

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24595

State File No.

3399

No. 300
10-48

FILED JUL 24 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strasburg, Mo. 0190 | |
| c. LENGTH OF STAY (in this place) 30 days | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5624 Jackson Ave. | | d. STREET ADDRESS (If rural, give location) ----- | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) McClelland c. (Last) Alexander | | | 4. DATE OF DEATH (Month) (Day) (Year) July 5, 1953 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 10, 1866 | 9. AGE (In years) (Months) (Days) (Hours) (Min.) 86 years |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | 11. BIRTHPLACE (State or foreign country) Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Henry Alexander | 13b. MOTHER'S MAIDEN NAME Jane Knight | 14. NAME OF HUSBAND OR WIFE Mrs Alla Alexander |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Alexander 5624 Jackson Ave. |
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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, asphyxia, 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) Bronche pneumonia | | 5 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Senescent Heart Failure DUE TO (c) Hypertensive Heart Disease | | 3 months 10 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 443X |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 6/2, 1953 to 7/5, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 11:30 P.M. the causes and on the date stated above.

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| 23a. SIGNATURE Florence Mae Innis (Degree or title) MD | 23b. ADDRESS MD 1103 Grand Trunk City | 23c. DATE SIGNED 7/6/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 8, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) K.C. Mo. |
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| DATE REC'D BY LOCAL REG. 7-8-53 | REGISTRAR'S SIGNATURE Heraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. E. Quirk 4316 Troost Ave. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

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working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. 69
Signed *Thomas C. Lewis*
Licensed Embalmer No. 3775
P. O. Address *J. P. M.*

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.