

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5858**
 BIRTH NO. **MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1545**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY OR TOWN <b>Cape Girardeau</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>435 N. Middle St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b> b. (Middle) <b>( NMI )</b> c. (Last) <b>ALEXANDER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 15, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 16, 1903</b>
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common Labor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Alexander</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>429-20-4306</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillie Alexander</b>		ADDRESS <b>Cape Gir., 435 N. Middle, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor (benign)</b>		ANTECEDENT CAUSES 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>223x</b>			
22. I hereby certify that I attended the deceased from <b>2-10-</b> , 19 <b>54</b> , to <b>2-15-</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>2-15-</b> , 19 <b>54</b> , and that death occurred at <b>6:10 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>G. D. Demillion, M.D.</i>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>2-15-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 15, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 17 1954</b>		REGISTRAR'S SIGNATURE <i>J. J. Sparks</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Sparks</i>		ADDRESS <b>Cape Girardeau, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank Sparks*.....

Licensed Embalmer No. *342*.....

P. O. Address *Refre Texas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.