

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9697**
Registrar's No. **657**

FILED MAR 22 1954

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3057		Registrar's No. 657	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital				d. STREET ADDRESS (If rural, give location) 833 Concannon			
3. NAME OF DECEASED (Type or Print) James		a. (First) A.		c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) Feb 17th 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 1873	
9. AGE (In years, last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY No Hiw. Dept		11. BIRTHPLACE (City and State or Foreign Country) Mo	
12. CITIZEN OF WHAT COUNTRY? Mo		13a. FATHER'S NAME James Alexander		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvin Wallace, Moberly, Mo			
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) arteriosclerosis ANTECEDENT CAUSES Morbidity 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. 4500			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 5, 1953 , to Jan 12, 1954 , that I last saw the deceased alive on Jan 17, 1954 , and that death occurred at 6:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. T. Whitaker				23b. ADDRESS Moberly Mo		23c. DATE SIGNED 3-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-20-54		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 3-20-54		REGISTRAR'S SIGNATURE Charles E. Lewis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Mahan and Son, Moberly, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1955

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

Frank D. Witt

Licensed Embalmer No.

3021

P. O. Address

Robert J. Witt

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.