

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 12518

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5625 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Auglaize T.S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Auglaize T.S.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles East of Lebanon		d. STREET ADDRESS (If rural, give location) 8 Miles East of Lebanon	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Arthur	c. (Last) Alexander	4. DATE OF DEATH (Month) (Day) (Year) April 20 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1887	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Warrensburg, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Patrick Alexander	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Marie Alexander
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 487-08-0877	17. INFORMANT'S SIGNATURE OR NAME Marie Alexander	ADDRESS Lebanon, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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	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)
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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 19 to 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE F. H. Johnson (Degree or title) MD	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 4/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-22-54	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. 4-22-1954	REGISTRAR'S SIGNATURE Hella L. Hay	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lebanon, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1954

Received

Laclede County Health Unit

File No. 4-54-65

Date Filed APR 26 1954

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

L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.