

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12519

BIRTH NO. ....		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5625</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Sleeper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sleeper Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sleeper</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>James</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Alexander</u>		d. (Month) (Day) (Year) <u>April 11, 1954</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>Sept. 23, 1864</u>	
9. AGE (in years last birthday) <u>89</u>		10. MONTHS <u>6</u>		11. DAYS <u>18</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Dr. O. E. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crumley</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Alexander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Alexander Sleeper, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Serility</u>				<u>Crack to death</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>1</u>					
		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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>794 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Engle, Laclede Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1st, 1954</u> , to <u>April 11, 1954</u> , that I last saw the deceased alive on <u>April 6, 1954</u> , and that death occurred at <u>3:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. E. Carlton M.D.</u>				23b. ADDRESS <u>Stoutland Mo</u>		23c. DATE SIGNED <u>4/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Sleeper Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-19-1954</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

JUN 3 1954

Received.....  
Laclede County Health Unit

Received..... APR 26 1954  
Laclede County Health Unit

File No. .... 4-54-70  
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 Dorsey M. Howe  
Licensed Embalmer No. 4222

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.