

FILED SEP 8 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 28087

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>1465</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>20 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		0532	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>WALLACE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>477 Harwood St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert</u>		a. (First) <u>Walter</u>		c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 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>Feb. 28, 1907</u>		9. AGE (In years last birthday) <u>47</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work including those of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S. E. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Easter</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Alexander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or, if unknown) <u>Yes</u> (If yes, give year of dates of service) <u>WW II</u>		16. SOCIAL SECURITY <u>498-03-4498</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Ray L. Alexander Lebanon, Mo</u>			
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: <u>accidental trauma from fall from pole causing fracture of skull</u> 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. <u>E9028 45</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Alley way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon, Laclede Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Ag. 30 1954 1:20 PM</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Came in contact With power line, fell from pole.</u>			
22. I hereby certify that I attended the deceased from <u>8-30-</u> 1954, to <u>8-30-</u> 1954, that I last saw the deceased alive on <u>8-30-54</u> , 1954, and that death occurred at <u>2:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Hanel</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>8-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-2-1954</u>		REGISTRAR'S SIGNATURE <u>Helela L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Palmer</u>		ADDRESS <u>Lebanon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1955

SEP 9 1954  
SEP 10 1954

Received \_\_\_\_\_  
Lacoste County Health Unit  
File No: 9-54-140  
Date Filed SEP 7 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 Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Seaboard, NC

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.