

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28131

State File No. ....

FILED SEP 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 59

0551  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. LENGTH OF STAY (in this place) <b>12 hr</b>	c. CITY OR TOWN <b>Aurora</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>The Aurora Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>19 E. Locust</b>	
3. NAME OF DECEASED a. (First) <b>Laura</b> b. (Middle) <b>E.</b> c. (Last) <b>Alexander</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 24, 1954</b>
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 7, 1871</b>
9. AGE (In years last birthday) <b>82</b>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Barry Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John W. Donica</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Crawford</b>		14. NAME OF HUSBAND OR WIFE <b>John D. 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. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Alexander Loving</b> ADDRESS <b>Aurora, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 hr</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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) <b>331 X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Aug. 23, 1954</b> to <b>Aug. 24, 1954</b> , that I last saw the deceased alive on <b>Aug. 23, 1954</b> , and that death occurred at <b>7 1/2 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. A. Lowan</b> (Degree or title) _____		23b. ADDRESS <b>Aurora, Mo.</b>	23c. DATE SIGNED <b>8/25/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 26, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	24d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>
DATE REC'D BY LOCAL REG. <b>8/25/54</b>	REGISTRAR'S SIGNATURE <b>Orsa Mc Nott</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>William Wood</b> ADDRESS <b>Funeral Home Aurora, Mo.</b>	

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed James D Craft  
Licensed Embalmer No. 46

P. O. Address Turora

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.