

FILED OCT 19 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4043</u>		Registrar's No. <u>600</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Marble Hill</u> c. LENGTH OF STAY (In this place) <u>37 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Marble Hill</u> d. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY EMMALINE ALEXANDER</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Oct 6 1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Aug 30, 1867</u>		9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>1</u>		11. DAYS <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surf</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Benton, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>M. B. Minter</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Morgan</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. M. Glendon</u>		ADDRESS	
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, athermia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5810	
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) <u>10:10</u> <u>10/6</u> <u>1954</u> <u>10:10</u> <u>am</u>		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> 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 <u>11</u> <u>1954</u> to <u>10/6</u> <u>1954</u> , that I last saw the deceased alive on <u>10/6</u> <u>1954</u> , and that death occurred at <u>9:50</u> <u>pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Myers</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>10/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 8 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Travis Trace Creek Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ballinger Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 11 1954</u>		REGISTRAR'S SIGNATURE <u>Wm. Sam. Lough</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home Lutesville, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes and scribbles in the upper right corner of the page.

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 *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Subsidiary*

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.