

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34338

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY OR TOWN <u>Granby</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Cune Brooks Hosp.</u>		STREET ADDRESS (If rural, give location) <u>0-730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u>	b. (Middle) <u>K</u>	c. (Last) <u>Alexander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-17-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 1 HRS. Hours <u> </u> Min. <u> </u>
11a. FATHER'S NAME <u>Joseph W. Kinsey</u>		11b. MOTHER'S MAIDEN NAME <u>Mildred D. Preston</u>	11c. NAME OF HUSBAND OR WIFE <u>J.E. Alexander</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. <u>None</u>	12c. INFORMANT'S SIGNATURE OR NAME <u>Miss Mildred J. Kinsey Carthage, Mo.</u>
13. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		14. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

15a. FATHER'S NAME <u>Joseph W. Kinsey</u>	15b. MOTHER'S MAIDEN NAME <u>Mildred D. Preston</u>	15c. NAME OF HUSBAND OR WIFE <u>J.E. Alexander</u>
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO. <u>None</u>	18. INFORMANT'S SIGNATURE OR NAME <u>Miss Mildred J. Kinsey Carthage, Mo.</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)	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)	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 <u>11-29</u> , 19 <u>49</u> , to <u>10-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>54</u> , and that death occurred at <u>8:30 a</u> m., from the causes and on the date stated above.	23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u> </u>	23b. ADDRESS <u>304 Grant Carthage, Mo.</u>	23c. DATE SIGNED <u>10-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>

DATE REC'D BY LOCAL REG. <u>10-20-54</u>	REGISTRAR'S SIGNATURE <u>E. H. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home Carthage, Mo.</u>	ADDRESS <u> </u>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 24-10-688
Date Filed OCT 27 1954

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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 _____

William B. Benton

Licensed Embalmer No. 7825

P. O. Address Artley

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.