

STANDARD CERTIFICATE OF DEATH

State File No. 5843

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <u>08830</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> c. LENGTH OF STAY (in this place) <u>10 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Madison</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ STREET ADDRESS (If rural, give location) <u>Salt River Twshp. 08801</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bertha</u>		b. (Middle) <u>Alexander</u>		c. (Last) _____	
4. DATE OF DEATH		Month <u>Feb</u> Day <u>16</u> Year <u>1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N. M.</u>		8. DATE OF BIRTH <u>Dec 31 - 1881</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		13a. FATHER'S NAME <u>John D. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Bennett</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dec Alexander, RFD, Jacksonville, 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* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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) <u>332 X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Feb. 6, 1955</u> , to <u>Feb. 16, 1955</u> , that I last saw the deceased alive on <u>Feb. 16, 1955</u> , and that death occurred at <u>3:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. T. Turner</u>				23b. ADDRESS <u>Madison Mo.</u>		23c. DATE SIGNED <u>2-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Ash. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-18-55</u>		REGISTRAR'S SIGNATURE <u>Leah W. Lowe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son, Moberly, Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1958

MAY 1 1958

MAY 8 1958

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.....
Frank S. DeWitt

Licensed Embalmer No. 302
P. O. Address Proberly

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.