

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8585

State File No.

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City, Mo.		c. CITY OR TOWN Webb City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 W. Daugherty St.		STREET ADDRESS (If rural, give location) 316 W. Daugherty St.	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Belle c. (Last) Alexander		4. DATE OF DEATH (Month) Mar (Day) 15 (Year) 1955	
5. SEX Female	6. COLOR OR RACE "hite"	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 27, 1873
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months 10 Days 18	11. UNDER 24 HRS. Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Columbus Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Jordan		13b. MOTHER'S MAIDEN NAME Charles Alexander	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Sutton		ADDRESS Webb City, Mo.	

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) Cerebral Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 4 weeks 3 yrs.	
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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 **Sept. 1953** to **Mar. 14, 1955**, that I last saw the deceased alive on **Mar. 14, 1955**, and that death occurred at **10:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Swackhamer		(Degree or title) 0 M.D.		23b. ADDRESS 222 S. Webb St. Webb City		23c. DATE SIGNED Mo 3/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Mar 18, 1955		24c. NAME OF CEMETERY OR CREMATORY ORONOZO Cemetery		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. 3-16-55		REGISTRAR'S SIGNATURE Mrs. Madeline Swackhamer		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnee-Simpson		ADDRESS Mortuary	

(Licensed Embalmer's Statement on Reverse Side)

Webb City, Mo.

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

County File Number 225 3 186
Date Filed MAR 21 1955

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 *Harvey B. Arnee*.....
Licensed Embalmer No. 446

P. O. Address *Webb City,*

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.