	1	THE DIVISION OF			-11 15 15 17
FILED MAR 1	8 1955	STANDARD CER	TIFICATE OF DEA	TH State File No	PCOUL.
BIRTH NO		REG. DIST. NO.333	PRIMARY REG. DIST.	mo. 6115 Registrar's M	<u>, 39</u>
I. PLACE OF DEA	TH		2. USUAL RESID	ENCE (Where decessed lived. If	lostitution: residence
a. COUNTY Scot	t		a. STATE Missel	b. COUNTY	St.Louis
b. CITY (If outside con	rporate limits, write R	URAL and give c. LENGTH township) STAY, (in this ;	Janali OR	d. la	Residence within limits of
TOWN Rural	8 Mi.NO	Sikeston Tran	sit TOWNSt Lo	uis Mo	city or incorporated town
HOSPITAL OR		atitution, give street address or locati	ADDRESS	(If rural, give location)	2039
	n Hiway (<u> 1016</u>	Park Ave.	<u> </u>
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month	
(Type or Print) Hg		Dunn	Alexander	DEATHFebrus	ry 26 '5
· II	_	7. MARRIED, NEVER MARRIED , WIDOWED, DIVORCED (Speed	(5A)		DER ! YEAR 15' UNDER 14 ha Days Hours 1
	hite	Never Married	<u> </u>	<u>53 1 5</u>	1 / 1
10a. USUAL OCCUPATIO done during most of worlds	IN (Give kind of work ug life, even if retired)	10b. KIND OF BUSINESS OR DUST		ty and State or Foreign Country)	
None		I X	<u>Caruthersvi</u>	lle Missouri	USA
Sa. FATHER'S NAME		136. MOTHER'S MAI		14. NAME OF HUSBAND OR W	IFE
Hareld Ale		Jeanette	R. Houston	χ.	
	R IN U.S. ARMED F yes, give war or dates (of service)	NO.	S SIGNATURE OR NAME	ADDRES
NO 18: CAUSE OF DEATH	X	None	<u> Harold Ale</u> LCERTIFICATION	<u>xander St. Lou</u>	is Miss
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADI	ING TO DEATH (a)		de-Soucre Lacorati	· I _
iline for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CA	USES QUALITY AUSES QUALITY AUSES QUALITY AUSES QUALITY AUSES QUALITY AUSE (a) stating are last.		de-Sovere Lacoration face	ONSET AND DEA
line for (a), (b), and (c) This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above co the underlying cou	USES QUALITY (a) (b)		of face.	· I _
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arhis does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discuss, injury, or complication which caused death.	ANTECEDENT CA Morbid conditions rise to the above co the underlying cou II. OTHER SIGNIF Conditions contrib- related to the disease	LUSES QN + 1 P TO DEATH*(a)		of face.	<u> </u>
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SCOTT CO. HEALTH DEPT.

CO. FILE No. 95-6-3

STATEMENT BY LICENSED EMBALMER.

	I hereby certify that the body whose name is recorded on the reverse s	ide of this certificate was emb
by m	e, or by,	Student Embalmer No
work	ing under my personal supervision	

working under my personal supervision..

Signed W. Demer Dike

Licensed Embalmer No. 1.191

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.