

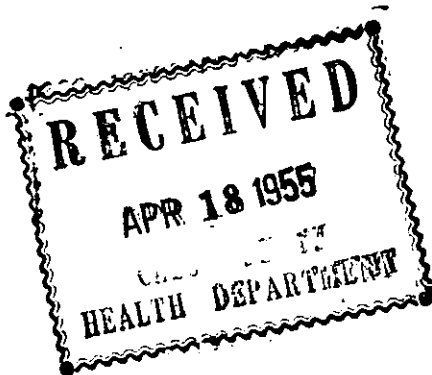
FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11294**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5232		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Cass 0190				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo. b. COUNTY Cass 0190			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleveland uninc.		c. LENGTH OF STAY (In this place) 32 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleveland		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) ROBERT		a. (First)		b. (Middle) E.		c. (Last) ALEXANDER	
4. DATE OF DEATH April 11-1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 3-1867		9. AGE (In years last birthday) 87		10. AGE (In years last birthday) 87		11. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Marion Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Creed E. Alexander		13b. MOTHER'S MAIDEN NAME Nannie Pace		14. NAME OF HUSBAND OR WIFE Gertrude 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. lost		17. INFORMANT'S SIGNATURE OR NAME (If deceased, address) Mrs. Gertrude Alexander		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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-frenal insufficiency DUE TO (c) Coronary sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23. SIGNATURE H. E. Rinsch 20.2	
23a. ADDRESS Harrisonville		23b. DATE SIGNED 4/12/55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-14-55	
24c. NAME OF CEMETERY OR CREMATORY MT Mariah Cem		24d. LOCATION (City, town, or county) (State) Kansas City mo.		25. FUNERAL DIRECTOR'S SIGNATURE Geo. E. Myers		25. ADDRESS Cleveland mo	
DATE REC'D BY LOCAL REG. April 15, 1955		REGISTRAR'S SIGNATURE Nora Barua		1457		25. ADDRESS Cleveland mo	

(Licensed Embalmer's Statement on Reverse Side)

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



MAY 11 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
Student Embalmer

Signed

George Myers

Licensed Embalmer No. *2517*

P. O. Address *Cleveland Mo.*

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.