

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **De Cicco 11728**

FILED APR 26 1955

BIRTH NO. _____		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 4231		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY OR TOWN Mountain View		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN Mtn. View		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0460			
3. NAME OF DECEASED (Type or Print)		a. (First) Matilda		b. (Middle) E.		c. (Last) Alexander	
4. DATE OF DEATH		(Month) April		(Day) 15		(Year) 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JAN. 27-1876	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 2 Days 19	IF UNDER 24 HRS. Hours 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) State Center, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE William Edward Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.E. Alexander, Mtn. View, 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) Pyelonephritis Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial degeneration, unknown 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 unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1955 to April 15, 1955 that I last saw the deceased alive on April 15, 1955 and that death occurred at 3 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ralph De Cicco M.D.		23b. ADDRESS Mountain View Mo		23c. DATE SIGNED 4/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) B.		24b. DATE 4-17-55		24c. NAME OF CEMETERY OR CREMATORY New		24d. LOCATION (City, town, or county) (State) Mtn. View, Mo.	
DATE REC'D BY LOCAL REG. 4/19/55		REGISTRAR'S SIGNATURE Laura Hatched		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home			

(Licensed Emballer's Statement on Reverse Side)

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

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 Joel R. Dunca

Licensed Embalmer No. 432

P. O. Address Mt. View

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.