

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25286

State File No.

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>229</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Boone		b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY OR TOWN Columbia		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 Boone County Hospital				e. STREET ADDRESS (If rural, give location) 311 Edgewood Ave. 61050			
3. NAME OF DECEASED (Type or Print)		a. (First) Wiley		b. (Middle) Hilary		c. (Last) Alexander	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 19, 1859	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Burkesville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Alexander		13b. MOTHER'S MAIDEN NAME Julia Bolling		14. NAME OF HUSBAND OR WIFE Lillie Lee Gragg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.E. Wallin, Columbia, 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC PYELO NEPHRITIS</u>				<u>4 YRS</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. <u>Generalized arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000.</u>				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) (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 <u>3 Oct</u> , 19 <u>53</u> , to <u>6 Sep</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6 Sep</u> , 19 <u>55</u> , and that death occurred at <u>9:13 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Elmer A. Rodgers MD</u>		23b. ADDRESS <u>101 West Broadway</u>		23c. DATE SIGNED <u>7 Sep 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri.	
DATE REC'D BY LOCAL REG. Sept 7 1955		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service		ADDRESS Columbia Mo	

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1941

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.....
Charles L. Fanning

Licensed Embalmer No..... 41

P. O. Address.....
Chesapeake

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.