

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31972

State File No.

FILED SEP 23 1955

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6111		Registrar's No. 132	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Commerce</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Commerce</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>		b. (Middle) <u>OWEN</u>		c. (Last) <u>ALEXANDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 30, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept 20, 1909</u>	
9. AGE (in years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Henderson County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andrew Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Scithoff</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mary Alexander Commerce, Mo</u>			
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) <u>Accidental Overdose of Sleeping Tablets.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Schizophrenia</u> DUE TO (c) <u>8710</u> <u>14</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Since childhood</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Commerce</u> <u>Scott</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-12-55</u>		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		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 <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Helma C. Buckthorpe M.D. Health Officer</u>				23b. ADDRESS <u>Benton, Mo</u>		23c. DATE SIGNED <u>9-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Denis</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-12-55</u>		REGISTRAR'S SIGNATURE <u>Miss Clara J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bigling Roff Funeral Home Illinois, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1955
DATE RECEIVED _____
SCOTT CO. HEALTH DEPT.
CO. FILE No. 955-199

OCT 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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Oliver P. Amint

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.