

FILED JAN 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 41664

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 2004		Registrar's No. 306	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salt River</u> c. LENGTH OF STAY (in this place) <u>86 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 Jacksonville</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Jacksonville</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ STREET ADDRESS (If rural, give location) <u>RFD #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EWING</u> b. (Middle) <u>BROOKS</u> c. (Last) <u>ALEXANDER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-28-1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July-4-1869</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Francis Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Wine</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Alexander</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irvin Alexander</u> ADDRESS <u>Jacksonville, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Natural causes but undetermined</u> ANTECEDENT CAUSES Morbid 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>7955</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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 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>12:30 A. M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. J. Gally</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Coroner Moberly, Mo.</u>		23c. DATE SIGNED <u>12-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Felton Cemetery</u>		24d. LOCATION (City, town, or county) <u>East of Jacksonville Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>12/24/55</u>		REGISTRAR'S SIGNATURE <u>Beauw...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home Moberly Mo.</u> ADDRESS _____			
(Licensed Embalmer's Statement on Reverse Side)							

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

JAN 26 1958

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.....

R. M. Cater

Licensed Embalmer No. *411*.....

P. O. Address *Moberly*.....

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