

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

855

State File No.

BIRTH NO. 94273-55 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Howell Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>Rural #1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Brice</u>	b. (Middle) <u>Estelle</u>	c. (Last) <u>Alexander</u>	Month <u>Jan</u>	Day <u>1</u>	Year <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, <u>Single</u>	8. DATE OF BIRTH <u>Dec 30 1955</u>	9. AGE (In years last birthday) <u>2</u>	10. IF UNDER 1 YEAR Months <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Thodia Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Ursa Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thodia Alexander Kennett, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7735</u>		INTERVAL BETWEEN ONSET AND DEATH	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 12-30, 1955, to 1-1, 1956, that I last saw the deceased alive on 1-1, 1956, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.C. Wilson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>1/11/56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 2-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marsh Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>					
DATE REC'D BY LOCAL REG <u>Jan 11-1956</u>		REGISTRAR'S SIGNATURE <u>Earl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lento Service</u>	
				ADDRESS <u>Kennett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-16-56
COUNTY FILE NUMBER 156-15

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.....

Licensed Embalmer No.....

P. O. Address

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.