

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 20 1956

No. 300

10.48

621

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

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>EAST PRAIRIE MO</u>		c. CITY OR TOWN <u>EAST PRAIRIE MO</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		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 <u>EAST PRAIRIE MO</u>		Ft. STREET ADDRESS (If rural, give location) <u>EAST PRAIRIE MO 06710</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Willis</u> c. (Last) <u>ALEXANDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 18, 1882</u>
9. AGE (In years or under 1 year last birthday) <u>74</u>		10. MONTHS <u>7</u> DAYS <u>11</u> HOURS <u>15</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALMGR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOHN ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>DICKEY EUDALEY</u>	
13c. NAME OF HUSBAND OR WIFE <u>MYRA STOKELY ALEXANDER</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MYRA STOKELY ALEXANDER</u>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion 1.75 in</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis 54 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H201</u>	
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 <u>Feb 5, 1956</u> to <u>Feb 5, 1956</u> , that I last saw the deceased alive on <u>Feb 5, 1956</u> , and that death occurred at <u>79</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. F. Martin</u>		23b. ADDRESS <u>East Prairie Mo 285</u>	
23c. DATE SIGNED <u>2-8-56</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 7, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-56</u>		REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby Jr</u>		ADDRESS <u>East Prairie Mo.</u>	

RECEIVED
Miss. Co. Health
County File No. FEB
Date Filed FEB 9

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FEB 7 4 4

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 Travis Shelby.....

Licensed Embalmer No. 4949

P. O. Address East Prairie

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.