

THE DIVISION OF HEALTH OF MISSOURI

16182

FILED JUN 12 1956 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Howard 0451		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 3008	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Mo.		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 7 days		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 Lee Hospital		STREET ADDRESS (If rural, give location) 7109 Sni-a-bar Road	

3. NAME OF DECEASED a. (First) Elmer		b. (Middle) C		c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) May 19, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 31, 1885		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (City and State or Foreign Country) Rocheport, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thaddius Theodore Alexander		13b. MOTHER'S MAIDEN NAME Ella Biswell		14. NAME OF HUSBAND OR WIFE Ida D. Hall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 495-05-0524		17. INFORMANT'S SIGNATURE OR NAME Mrs E. C. Alexander	
				ADDRESS 7109 Sni-a-bar	

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 K.C. MO.		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				7 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive crisis				7 days	
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 331x		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) m.		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 **May 2, 1954**, to **May 9, 1954** that I last saw the deceased alive on **May 9, 1954** and that death occurred at **7:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Frank D. Dean (Degree or title) in add		23b. ADDRESS Fayette, Mo		23c. DATE SIGNED 5-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 11, 1956		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Fayette, Missouri	

DATE REC'D BY LOCAL REG. 5-25-56		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr	
				ADDRESS Fayette, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *William E. Fresh*

Licensed Embalmer No. *48*

P. O. Address *Fayette*

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.