

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20381

State File No. _____

FILED JUL 5 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2609

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>3528 3131 Forest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drake Hotel 1016 Locust</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ARMSTEAD</u>	b. (Middle) <u>MILTON</u>	c. (Last) <u>ALEXANDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 11, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Layman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Animal Hospital</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Paul Alexander</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Knox</u>	14. NAME OF HUSBAND OR WIFE <u>Christine Alexander</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Army WW I</u>	16. SOCIAL SECURITY NO. <u>494-22-0069</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Christine Alexander</u>	ADDRESS <u>3131 Forest</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyanide Poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>69718</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</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>Kansas City Jackson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-13-56</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Took Cyanide</u>

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rugh H. Owens</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>1034 Penton Bldg</u>	23c. DATE SIGNED <u>6-14-56</u>
24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>
24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> ADDRESS <u>1800 E. Linwood</u>	
DATE REC'D BY LOCAL REG. <u>6-14-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

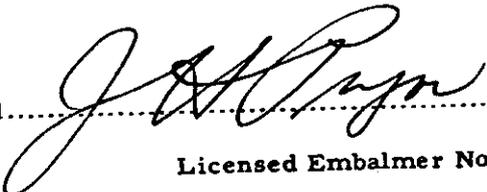
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUL 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....
24

P. O. Address.....
100

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.