

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1956

27890

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 113

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. | | c. CITY OR TOWN Crocker, Missouri | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General (2 Week | | d. STREET ADDRESS None. | |

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|---|-------------------------------|---|---|
| 3. NAME OF DECEASED (Type or print) First Azzie Lee Middle June Last Alexander. | | 4. DATE OF DEATH Month 8 Day 22 Year 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 2, 1912 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife. | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo | |
| 13. FATHER'S NAME Clinton Turner Rogers. | | 14. MOTHER'S MAIDEN NAME Ethel Pearl McMillian | |
| 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. 488-24-0927 | |
| 17. INFORMANT Rey. Joel Alexander Crocker, Mo. | | Address | |

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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral artery rupture caused by fibrosing of the artery</i> DUE TO (b) <i>Carotid artery of fibrosing</i> DUE TO (c) <i>stroke of stomach</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|---|---|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) no | |
| 20c. TIME OF INJURY Hour 3:40 Month, Day, Year May 15, 1956 a. m. p. m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) no | 20f. CITY, TOWN, OR LOCATION Crocker, Missouri | COUNTY Pulaski STATE Missouri |

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|---|--|--|--|
| 21. I attended the deceased from May 15, 1956 to Aug. 22, 1956 and last saw her alive on Aug. 22, 1956 Death occurred at 3:40 VPM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <i>E. W. Walker</i> MD | |
| 22b. ADDRESS Crocker, Missouri | | 22c. DATE SIGNED 8/23/56 | |

| | | | |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/25/56 | 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Memorial Cemetery Springfield, Mo. | 23d. LOCATION (City, town, or county) (State) Springfield, Mo. |
| 24. FUNERAL DIRECTION Hedges Funeral Home Crocker, Mo. | | 25. DATE RECD. BY LOCAL REG. Aug. 25, 1956 | |
| 26. REGISTRAR'S SIGNATURE <i>Eula P. Anderson</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
Pulaski County Health Office
File Number 113
Date Filed 8-25-56

1956 30 8 906

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 *Lowell G. Craig*

Licensed Embalmer No. *47*

P. O. Address *Crocker*

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