

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31703**

FILED SEP 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **90** PRIMARY REG. DIST. NO. **4427** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Waynesville</b>		c. CITY OR TOWN <b>Waynesville</b>	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		e. STREET ADDRESS (If rural, give location) <b>0850</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>	b. (Middle) <b>James</b>	c. (Last) <b>Alexander</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9/7/56</b>
---	--------------------------	----------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Whit</b>	7. MARRIED, NEVER MARRIED, DOWLED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/11/1921</b>	9. AGE (In years) (Month) (Day) (Year) <b>35</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
--------------------	------------------------------	--	-----------------------------------	---	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>tavern</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Slick, Okla</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	---

13a. FATHER'S NAME <b>Fred J. Alexander</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Bulin</b>	14. NAME OF HUSBAND OR WIFE <b>Wilma Alexander</b>
---	---	--

15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NUMBER (or date of service) <b>494-18-4540</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wilma Alexander</b>	ADDRESS <b>Waynesville, Mo.</b>
---	--	--	---------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon Monoxide poisoning</b>		

*This does not mean the mode of dying, as heart failure, asphyxiation, etc. It means the disease, injury, or condition which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) _____	
		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"/>
------------------------	----------------------------------	--

21a. AGENT OF INJURY (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in Automobile</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Waynesville (Pulaski) Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>App. went to sleep with motor running</b>

I hereby certify that I attended the deceased from **3-2-**, 19**54**, to **9-**, 19**56**; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. E. Niskel</b>	23b. ADDRESS <b>Waynesville Missouri</b>	23c. DATE SIGNED <b>9-9-56</b>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/10/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlaw</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>9-10-56</b>	REGISTRAR'S SIGNATURE <b>Eoula Mae Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter P. Hedges</b>	ADDRESS <b>Hedges Funeral Homes, Iberia, MO.</b>
---	---	--	--

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

0850  
3

4580

RECEIVED 9-15-56  
Pulaski County Health Officer  
File Number 126  
Date Filed 9-9-56

1956  
9-15-56

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 *Clarence Gross*.....

Licensed Embalmer No. 4896

P. O. Address *Waynesville,*

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.