

FILED JAN 7 1957

State File No.

0080

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

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>	
b. CITY OR TOWN <u>FAIRFIELD</u>		c. CITY OR TOWN <u>FAIRFIELD</u>	
c. LENGTH OF STAY (in this place) <u>6 wks</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexander Jwp.</u>		e. STREET ADDRESS (If rural, give location) <u>0000</u>	
3. NAME OF DECEASED (Type or Print) <u>WALLACE</u>		c. (Last) <u>ALEXANDER</u>	
a. (First)		b. (Middle)	
4. DATE OF DEATH <u>Jan 4 1957</u>		(Month) (Day) (Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug 15, 1878</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>19</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Dicy Cox</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Best Murray</u>		ADDRESS <u>Fairfield, Mo</u>	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Thrombotic Encephalomalacia</u> <u>1 yr</u>	
DUE TO (c) <u>Atherosclerosis</u> <u>5 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		332x	
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>Aug 14, 1954</u> , to <u>Jan 4, 1957</u> , that I last saw the deceased alive on <u>Jan 2, 1957</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Essentially DO</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Warsaw Mo</u>	
23c. DATE SIGNED <u>1/4/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfield Benton Co, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5, 1957</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u>		ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *John J. Reser*.....

Licensed Embalmer No. *409*.....

P. O. Address *Warsaw*.....

**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.**