

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **18182**
 REGISTRAR'S No. **240**

FILED MAY 20 1957

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5933		Registar's No. 240	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Longwood - Rural		c. LENGTH OF STAY (in this place) 70 yrs.		c. CITY OR TOWN Longwood		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 Mile South Longwood, Mo.				e. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print)		a. (First) MINNIE		b. (Middle) BELL		c. (Last) ALEXANDER	
4. DATE OF DEATH		(Month) May		(Day) 10		(Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 2, 1872	
9. AGE (In years last birthday) 85		10. MONTHS 1		11. YEARS 1		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harrison Smiley		13b. MOTHER'S MAIDEN NAME Rebecca Jenkins		14. NAME OF HUSBAND OR WIFE James L. Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James L. Alexander, Longwood, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH Two hours	
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Hypertension.		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 4200				20. AUTOPSY ☒ YES ☐ NO	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 3, 1957 to May 10, 1957 , that I last saw the deceased alive on May 10, 1957 , and that death occurred at 6 10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE John M. Neish		(Degree or title)		23b. ADDRESS Houstonia, # 1, MO		23c. DATE SIGNED 5-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Millers Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Pettis County, Missouri	
DATE REC'D BY LOCAL REG. 5-14-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rev. Herbert Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

MS JUN 3 1961

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 Russell C Maag

Licensed Embalmer No. 488

P. O. Address Sedalia, Mo

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.