

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **24338**

FILED AUG 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **5547** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Moniteau Rwp.</b> c. LENGTH OF STAY (in this place) <b>50 yrs</b>		c. CITY OR TOWN <b>Rocheport</b> 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 <b>R.R. 2 Rocheport, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>R. R. 2 Moniteau Twp.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUDIA</b> b. (Middle) <b>DEAN</b> c. (Last) <b>ALEXANDER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 29, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 2, 1882</b>
9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>11</b>	11. DAYS <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Charles Edward Street</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Frances America</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Roy Alexander</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No.</b> (If yes, give war or dates of service) <b>-----</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lee Alexander R.R.2 Rocheport, Mo.</b>

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>4 yrs</b>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) m.	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 **1-1-1957** to **July 29, 1957**, that I last saw the deceased alive on **7-29-1957**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Bloom</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Fayette Mo</b>	23c. DATE SIGNED <b>8-1-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/31/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smith Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Howard County, Missouri</b>

DATE REC'D BY LOCAL REG. <b>8/1/57</b>	REGISTRAR'S SIGNATURE <b>Mary L. Shell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph D. Carr</b>	ADDRESS <b>Fayette, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

4360

VS SEP 22 1958  
NOV 21 1958

### 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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 334

P. O. Address Fayette, La.

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.