

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30547

State File No.

FILED AUG 16 1957

BIRTH NO.		REG. DIST. NO. <u>833</u>		PRIMARY REG. DIST. NO. <u>6111</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Commerce</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Commerce</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>1000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>W. M.</u> c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2, 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1871</u>		9. AGE (In years) (Months) (Days) <u>85</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Posey County, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Lynn</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Scit Hoff Alexander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-42-6003</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mary Alexander Commerce, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerosis cardio-vascular</u> <u>decom</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis cardio-vascular</u> ANTECEDENT CAUSES <u>decom</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? <input 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)		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</u> , 19 <u>56</u> , to <u>Aug</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1 Aug</u> , 19 <u>57</u> , and that death occurred at <u>5:40 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. D. Ashley, Jr.</u>				23b. ADDRESS <u>Capit. Guardsman Dr</u>		23c. DATE SIGNED <u>6 Aug 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>		24b. DATE <u>Aug 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Denis Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-9-57</u>		REGISTRAR'S SIGNATURE <u>Max Edgar Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Displinghoff Funeral at Home 211 W. 1st St.</u>			

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

4290

DATE RECEIVED AUG 12 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 857-167

JUL 14 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, 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 this body is not embalmed, fact should be so stated above.