V.S. No. 300
REV. 10.48

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

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36936

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesville
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Waynesville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Phelps
c. CITY OR TOWN Newburg
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 081 0

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Elbert c. (Last) Alexander

4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH April 28 1861

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Near Newburg, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Alexander

13b. MOTHER'S MAIDEN NAME Barbara Deskins

14. NAME OF HUSBAND OR WIFE Bertha Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 493-01-3964

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Floyd E. Alexander Newburg

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of
ANTECEDENT CAUSES liver, spleen + stomach
Morbid 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: *Conditions contributing to the death but not related to the disease or condition causing death.* Severe debility 1998

INTERVAL BETWEEN ONSET AND DEATH: 6 days Mo.

19a. DATE OF OPERATION Oct 20, 57

19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of liver, spleen + stomach

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) m.

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* Aug 15, 1957, *to* Nov 5, 1957, *that I last saw the deceased alive on* Nov 5, 1957, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Richard E. Myers DO

23b. ADDRESS Newburg, Mo.

23c. DATE SIGNED Nov 6 57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Nov 8 1957

24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery

24d. LOCATION (City, town, or county) (State) Near Newburg Mo

DATE REC'D BY LOCAL REG. 11-7-57

REGISTRAR'S SIGNATURE Eula Lyon Anderson

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Lee Johnson Newburg mo

(Licensed Embalmer's Statement on Reverse Side)

458 0

STANDARD CERTIFICATE OF DEATH

Date Filed 11-7-57

File Number 138

RECEIVED 11-9-57
Pulaski County Health Officer

JAN 30 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 ....William Lee STRAWHUN.... Student Embalmer No. 543 working under my personal supervision..

Student William Lee Strawhun
Signature of Student Embalmer

Signed ....Lee Johnson....

Licensed Embalmer No. 3392

P. O. Address Newburg Ark

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.