

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43175
State File No. _____

FILED DEC 13 1957

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4477</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Queen City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNINGS</u>		b. (Middle) <u>BRYAN</u>		c. (Last) <u>ALEXANDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 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>Oct 4 1896</u>	
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>6</u>		11. DAYS <u>1</u>		12. IF UNDER 1 YEAR: Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Joseph B. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny L. McCullough</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Alexander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W. W. # 1 492-42-6857</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. W. # 1</u> ADDRESS <u>Queen City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Myocardial Failure</u> ANTECEDENT CAUSES <u>Fibrosis of Lungs</u> <u>Arthritis of Thoracic Cage</u> DUE TO (b) _____ DUE TO (c) <u>Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>10 years</u> <u>20 years</u> <u>6 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>7230</u>			
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>8/23</u> , 19 <u>56</u> , to <u>12/3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12/2</u> , 19 <u>57</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward M. Roberts, M.D.</u> (Degree or title)		23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>12/5/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5 '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5 '57</u>		REGISTRAR'S SIGNATURE <u>Edw. M. Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorsey Funeral Home</u> ADDRESS <u>Queen City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0980

0980

353

DEC 13 1957

JAN 2 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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No..... 461

P. O. Address..... Queen City

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.