

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004483  
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 196

2117  
300  
-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pickering		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb 20 days	d. STREET ADDRESS (If outside, give location) R. R. #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLIVE Middle LUCY Last ALEXANDER			4. DATE OF DEATH Month Day Year Feb. 18, 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
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 country) Lake County, So. Dak.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Ross Hills		13b. MOTHER'S MAIDEN NAME Nellie B. Pomeroy	
14. NAME OF HUSBAND OR WIFE Floyd		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. 487-42-5408	
17. INFORMANT Floyd Alexander, R. R. #1, Pickering, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Branchitis - Pneumonia.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>One Week.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Compartment to heel became infected with R. Hip fracture on 1-26-58</i>		DUE TO (c) <i>Advanced Parkinson's Disease</i>		21. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>350XF</i>		19. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>January 26, 1958</i>		20. PLACE OF INJURY (In, or about home, farm, factory, street, office bldg., etc.) <i>in her home</i>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell in her home - Fall attributable to impaired locomotion</i>			
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20d. CITY, TOWN, OR LOCATION <i>Pickering</i>		20e. COUNTY STATE <i>Missouri</i>	
21. I attended the deceased from Death occurred at <i>6:50p.</i>		to <i>2-18-58</i> and last saw her alive on <i>2-18-58</i>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>George W. Forman MD</i>		(Degree or title)		22b. ADDRESS <i>902 Edmund Street Effort, Mo.</i>	
22c. DATE SIGNED <i>2-20-58</i>		23a. CREMATION, REMOVAL <input checked="" type="checkbox"/>		23b. DATE <i>2/19/1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Hopkins Cemetery</i>		23d. LOCATION (City, town, or county) <i>Hopkins, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Heaton-Bowman</i>		ADDRESS <i>St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Feb. 27, 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Handell</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE (IF POSSIBLE)  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 25 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 *James P. Hawkins* .....

Licensed Embalmer No. *4531* .....

P. O. Address *319 So 10<sup>th</sup> St. Jax* .....

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.