

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011081

STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 29.1 Primary Registration District No. 4433 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville, Lincoln St.				c. CITY OR TOWN Unionville, Lincoln St.			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North 12th Lincoln				d. STREET ADDRESS North 12th Lincoln			
3. NAME OF DECEASED (Type or print) First Middle Last Hester Alexander				4. DATE OF DEATH Month Day Year March 29, 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 20, 1882	
9. AGE (In years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY Brothers Home		11. BIRTHPLACE (City and state or country) Putnam County Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Wesley Alexander				14. MOTHER'S MAIDEN NAME Mary Elizabeth Demry			
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. None		17. INFORMANT Ed Alexander	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Chronic Asthma				INTERVAL BETWEEN ONSET AND DEATH 1 year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4221				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Jan. 1947 to March 29, 1958 and last saw her alive on March 29, 1958. Death occurred at 9:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE N. W. Gillum D.O.				22b. ADDRESS Unionville, Missouri		22c. DATE SIGNED 3/31/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/31/58		23c. NAME OF CEMETERY OR CREMATORY West Liberty Cemetery		23d. LOCATION (City, town, or county) (State) Putnam County, Missouri	
24. FUNERAL DIRECTOR Comstock Funeral Home By John N. Comstock				25. DATE RECD. BY LOCAL REG. 4-5-58		26. REGISTRAR'S SIGNATURE Marshall Sturbin	

(Licensed Embalmer's Statement on Reverse Side)

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. 389

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.