

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015212

STATE FILE NUMBER

FILED APR 21 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

208

1. PLACE OF DEATH a. COUNTY Pettis 08040		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sedalia TOWN		c. CITY (If outside, give location) OR Sedalia 08040 TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Bothwell Hospital INSTITUTION		d. STREET (If outside, give location) ADDRESS Star Route, Heath Creek Twp.	
3. NAME OF DECEASED (Type or print) First JAMES Middle ANDREW Last ALEXANDER		4. DATE OF DEATH Month April Day 17 Year 1958	
5. SEX Male	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 December 20, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Pettis County, Missouri	
13a. FATHER'S NAME Elijah Alexander		14. NAME OF HUSBAND OR WIFE Mary Raines 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. None	
17. INFORMANT Mrs. Mary Alexander, Star Route, Sedalia, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular accident DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 days 9 days
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
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 4/9/58 to 4/17/58 and last saw him alive on 4/17/58 Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas J. Naptano, M.D.		22b. ADDRESS Sedalia, Mo	
22c. DATE SIGNED 4/18/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	23d. LOCATION (City, town, or country) (State) Longwood, Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. Heckart, Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. 4-19-1958	
26. REGISTRAR'S SIGNATURE Francis Shelby			

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 16 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 *W. Heckart*

Licensed Embalmer No. *3470*
P. O. Address *Sebalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.