

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028229

STATE FILE NUMBER

FILED AUG 18 1958		Registration District No. 38		Primary Registration District No. 5120		Registrar's No. 348	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY Kings			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Township				c. CITY OR TOWN Brooklyn			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone C. Rest Home				d. STREET ADDRESS (If outside, give location) 2292 Pitkin St.			
3. NAME OF DECEASED (Type or print) Benjamin F. Alexander				4. DATE OF DEATH Month 8 Day 9 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 Nov. 5, 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanist		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop		11. BIRTHPLACE (City and state or country) Archie, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jack Alexander				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE LAW-KNOW	
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. 099-05-5600A		17. INFORMANT Benjamin Alexander Columbia, 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) cerebral arteriosclerosis, marked recurrence apoplexy. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) 334X 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 UNKNOWN	
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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <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 5 March 58 to 9 Aug 58 and last saw him alive on July 29 58 Death occurred at 9:30 Aug 9 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Baker MD				22b. ADDRESS Columbia, Mo.		22c. DATE SIGNED Aug. 11 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-11-1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (Street) Columbia, Mo.	
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Aug 11 1958		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Lyman H. Sprinkle*

Licensed Embalmer No. *4213*

P. O. Address *Columbia, 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.