Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032308
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 900

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN 0396 Springfield, — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 932½ S. National — Length of stay in 1b 2 months	d. STREET ADDRESS (If outside, give location) 932½ S. National — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Joseph Middle: McClancton Last: Wharey Alexander				4. DATE OF DEATH Month: September Day: 18 Year: 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: November 16, 1887	9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Farmer	11. BIRTHPLACE (City and state or country): Unknown		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Alphonzo Alexander	13b. MOTHER'S MAIDEN NAME: Lavena Black			14. NAME OF HUSBAND OR WIFE: Irven Alexander
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT: Audley Alexander	Address: Amarillo, Texas

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio Vascular disease — 10 yrs

DUE TO (c) 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 Aug 8-1958, to Sep. 18-1958 and last saw her/him alive on Sept 18-1958

Death occurred at 6 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Michael J Clancy (Degree or title) MD — 22b. ADDRESS 1636 S. Glenstone — 22c. DATE SIGNED 9-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Sept. 20, 1958 — 23c. NAME OF CEMETERY OR CREMATORY: Oak Hill — 23d. LOCATION (City, town, or county) (State): Cassville, Missouri

24. FUNERAL DIRECTOR: Eglner Funeral Home — ADDRESS: Cassville, Missouri — 25. DATE RECD. BY LOCAL REG.: 9-18-58 — 26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Hurbert

Licensed Embalmer No. 4576

P. O. Address Cassville, N

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.