

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033487

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 207 Primary Registration District No. Registrar's No. 25

5. 300  
1-57

630

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural So. Miller</u>		c. CITY OR TOWN <u>Rural So. Miller</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	
3. NAME OF DECEASED (Type or print) First <u>Sherman</u> Middle <u>William</u> Last <u>Alexander</u>		4. DATE OF DEATH Month <u>9</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/12/1899</u>
9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Melvin Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bilyeu</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Alexander</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Sherman Alexander, Dixon, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Violent physical exertion</u> DUE TO (c) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>  <u>33 1/2</u> Years
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 <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 <u>12:30</u> Month, Day, Year <u>P.M.</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Maries</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>12:30 P.M.</u> to <u>12:30 P.M.</u> and last saw her alive on <u>9/27/58</u> Death occurred at <u>12:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. C. Cunningham</u> (Degree or title) <u>Cornet</u>		22b. ADDRESS <u>Crema Mo</u>	
22c. DATE SIGNED <u>9/27/58</u>		22d. SIGNATURE <u>C. C. Maybelle White</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/27/1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Seaton Cemetery</u>		23d. LOCATION (City, town, or county) <u>Maries County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc. Dixon, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-58</u>	
26. REGISTRAR'S SIGNATURE <u>C. C. Maybelle White</u>		27. SIGNATURE <u>C. C. Maybelle White</u>	

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.