

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041138

STATE FILE NUMBER

FILED DEC 9 1958

310

3058

Registration District No. Primary Registration District No. Registrar's No. 275

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN St. Charles		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Charles Nursing H.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 562 Clark St.	
Reside on Farm Yes ☒ No ☐							
3. NAME OF DECEASED (Type or print) First Middle Last Georgia Lee Alexander				4. DATE OF DEATH Month Day Year Nov. 28, 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐		8. DATE OF BIRTH Sept. 20, 1871		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Millwood, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Legg				14. MOTHER'S MAIDEN NAME Cecilia Duffy			
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 Address Mrs. Marie Jansen, Kansas City, 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) <i>Arteriosclerotic Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Bronchial Asthma</i> 4200							INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____					
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from <i>March 1954</i> to <i>Nov. 28, 1958</i> and last saw her alive on <i>Nov. 28, 1958</i> Death occurred at <i>5:45 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Don 2. Randall, M.D.</i>				22b. ADDRESS <i>207 N. 5th St. Charles, Mo.</i>		22c. DATE SIGNED <i>Nov. 29, 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec. 1, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Chas. Borromeo Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Chas. County, Mo.</i>	
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles				25. DATE RECD. BY LOCAL REG. <i>Nov 30-58</i>		26. REGISTRAR'S SIGNATURE <i>Marecella Wilson</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Frank R. Amador

Licensed Embalmer No. 48

P. O. Address *St. Charles*

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