

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001132

STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo.		c. CITY OR TOWN Rocheport c 4:52	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If outside, give location) R. R. 1	
Length of stay in lb 1 hr.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle JOSEPHINE Last ALEXANDER			4. DATE OF DEATH Month JAN. Day 8, Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1906		9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) Howard County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Roy Alexander			
13b. MOTHER'S MAIDEN NAME Claudia Dean Street		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -----		17. INFORMANT Lee Alexander R. R. 1 Rocheport 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) Dissecting Aneurysm of aorta & Coronary arteries DUE TO (b) Chronic Hypertension DUE TO (c) 54 yrs		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451X		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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	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 Howard STATE Mo.

21. I attended the deceased from 1-8-59 to 1-8-59 and last saw her alive on 1-8-59 Death occurred at 1-8-59 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE W. H. Sloan M.D.	(Degree or title)	22b. ADDRESS Fayette Mo
22c. DATE SIGNED 1-8-59		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/10/1959	23c. NAME OF CEMETERY OR CREMATORY Smith Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Howard County, Mo.
24. FUNERAL DIRECTOR Ralph A. Carr	ADDRESS Fayette, Mo.	25. DATE RECD. BY LOCAL REG. 1-8-59	26. REGISTRAR'S SIGNATURE Mary L. Shell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in their reports. All diseases in Part I must be causally related.

MS OCT 6 1959

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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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.