

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004649  
STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 81

300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN POPLAR BLUFF <sup>024</sup> <sub>c</sub>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 116 S. B. ST.		Length of stay in lb 2 MO.	d. STREET ADDRESS (If outside, give location) 116 S.B. STREET
3. NAME OF DECEASED (Type or print) First Middle Last JOHN ROBERT ALEXANDER			4. DATE OF DEATH Month Day Year JAN. 27 59
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4 - 24 - 1876
9. AGE (In years (birthday)) 82		IF UNDER 1 YEAR 9 months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done or (if retired) retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TENN. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DICK ALEXANDER	13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> NO <input type="checkbox"/> unknown) (If yes, give <u>dates</u> of service)	16. SOCIAL SECURITY NO. NONE
17. INFORMANT SADIE BURKE		Address FISK, 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) <u>Pulmonary Congestion</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42.2.2			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. 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 <u>Jan 23</u> to <u>Jan 27</u> and last saw <sup>her</sup> him alive on <u>Jan 26 1959</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. H. Williams</u>		22b. ADDRESS <u>2024 Poplar Bluff</u>	22c. DATE SIGNED <u>2-3-59</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL	23b. DATE JAN. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY ROMBAUER, MO.	23d. LOCATION (City, town, or county) (State) BUTLER COUNTY MO.
24. FUNERAL DIRECTOR WHITE'S FUNERAL HOME - ADDRESS FISK, MO.		25. DATE RECD. BY LOCAL REG. <u>2/21/59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

RECEIVED  
FEB 25 1959

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Raymond L. Stuffer*

Licensed Embalmer No. *4798*

P. O. Address *Barnes, 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.