

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008349
STATE FILE NUMBER

FILED MAR 20 1959 Registration District No. _____ Primary Registration District No. 3004 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If outside, give location) 308 W- 12th	

3. NAME OF DECEASED (Type or print) First Middle Last JESSIE MCKENZIE ALEXANDER			4. DATE OF DEATH Month Day Year March 15 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 7 1870	9. AGE (In years last birthday) 88	10. FUNDER i YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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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) Edinburgh, Scotland #	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Walter Stratton	13b. MOTHER'S MAIDEN NAME Helen M.	14. NAME OF HUSBAND OR WIFE Edmond M. Alexander
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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. Joe Kellar, Ft. Scott, Kansas
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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>Acute Pulmonary Edema</i> DUE TO (b) <i>Acute Left Sided Heart Failure</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>1-2 hrs</i> <i>1-2 hrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arterial hypertension</i>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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
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21. I attended the deceased from <i>July 1941</i> to <i>March 15, 1959</i> and last saw her ^{him} alive on <i>March 15, '59</i> Death occurred at <i>6:50</i> a. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>John T. Biebel, MD</i>	22b. ADDRESS <i>Lamar, Mo.</i>	22c. DATE SIGNED <i>3/17/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE <i>Mar 17 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake</i>	23d. LOCATION (City, town, or county) (State) <i>Lamar, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Konantz Funeral Home, Lamar, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>MAR 17 '59</i>	26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, 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 *Norman L. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lanar, Md.*

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.