

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014371

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

130

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Longwood Township		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile S of Longwood		d. STREET ADDRESS (If outside, give location) Star Route	
3. NAME OF DECEASED (Type or print) First JAMES Middle LEE Last ALEXANDER		4. DATE OF DEATH Month April Day 13 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Feb. 10, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	
11. BIRTHPLACE (City and state or country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Alexander		13b. MOTHER'S MAIDEN NAME May Taylor	
14. NAME OF HUSBAND OR WIFE Minnie Smiley Alexander		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. Wm. Butterwick, Star Route, Sedalia, 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) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 5 years
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)			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY Pettis STATE Missouri	
21. I attended the deceased from Feb 10-1959 to Apr 11 and last saw her alive on Apr 11-59 Death occurred at 5:05 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. Smith D.O.		22b. ADDRESS Houstonia Mo Rte 1	22c. DATE SIGNED 4-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Miller's Chapel	23d. LOCATION (City, town, or county) (State) Pettis County, Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. HECKART, Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. April 14 1959	
26. REGISTRAR'S SIGNATURE Frances Shelby			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

VS
JUN 3
1960

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 *Clifford Gorge*

Licensed Embalmer No. *5014*

P. O. Address *Sedalia, 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.