

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017529

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No.

140

Primary Registration District No.

5547

Registrar's No.

42

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 Rocheport TOWN Monteau		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR Rocheport TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR R.R.#1 INSTITUTION		Length of stay in lb 30 yrs.	d. STREET OR ADDRESS R.R.#1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle LEE Last ALEXANDER			4. DATE OF DEATH Month May Day 8 , Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9, 1903		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Roy Alexander		13b. MOTHER'S MAIDEN NAME Claudia Dean Street		14. NAME OF HUSBAND OR WIFE Anita Verneil Blakemore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. 489-42-8016		17. INFORMANT Address Mrs W. Lee Alexander 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) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1 day DUE TO (c) 4261					INTERVAL BETWEEN ONSET AND DEATH 1 day
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 <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"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 5-8-59 to 5-8-59 and last saw him alive on 5-8-59 Death occurred at 4 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. J. Clayton M.D.		(Degree or title)		22b. ADDRESS Fayette, Mo	
22c. DATE SIGNED 5-8-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/10/59		23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery	
				23d. LOCATION (City, town, or county) Columbia, Missouri	
24. FUNERAL DIRECTOR Ralph A. Cox		ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. 5-8-59	
				26. REGISTRAR'S SIGNATURE Mary T. Shell	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 17 1906

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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.