...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042972

STATE FILE NUMBER

...MENDED

FILED VS NOV 16 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall
Length of stay in 1b: 1day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: John Fitzgibbon Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Slater
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 226 Porter
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sterling Middle: Walter Last: Alexander

4. DATE OF DEATH: Month, Day, Year: Nov. 7, 1959

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/15/76

9. AGE (last birthday): 83

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Railroading

11. BIRTHPLACE (City and state or country): Marshall, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Alexander

13b. MOTHER'S MAIDEN NAME: Ellen Baker

14. NAME OF HUSBAND OR WIFE: Julia 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.: 709-10-8735

17. INFORMANT Address: Mrs. Annie Lawrence, Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Nephritis c Uremia	5 years 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Chr. Myocarditis	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 a.m. p.m. Month, Day, Year

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 STATE

21. I attended the deceased from 11-6-59 to 11-7-59 and last saw her/him alive on 11-7-59

Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. A. McBurney M.D.

22b. ADDRESS: Slater, Mo.

22c. DATE SIGNED: 11/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/12/59

23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) (State): Slater, Missouri

24. FUNERAL DIRECTOR ADDRESS: Georgett Funeral, Marshall, Mo.

25. DATE RECD. BY LOCAL REG.: 11-12-'59

26. REGISTRAR'S SIGNATURE: Carl L. Read

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 17 1959 VS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No: _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.