

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 0 4 5 0 9 2

STATE FILE NUMBER

7 38

Registration District No. 295		Primary Registration District No. 6042		Registrar's No. 30	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Randolph		a. STATE Missouri		b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural--Chariton Township		Length of stay in 1b abt. 15 yrs		c. CITY OR TOWN Rural--Chariton Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Darksville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) near Darksville	
3. NAME OF DECEASED (Type or print)		First Middle Last Everette S. Alexander		4. DATE OF DEATH Month Day Year December 10 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 7-7-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Randolph County, Missouri	
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME Charles Edgar Alexander		13b. MOTHER'S MAIDEN NAME Lucy Mildred	
14. NAME OF HUSBAND OR WIFE Mary Raine Alexander		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Address William E. Alexander: R#2: Jacksonville, 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) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 30 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) recent surgery and fracture		DUE TO (c)	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 626		COUNTY		STATE
21. I attended the deceased from Dec. 10 59 to Dec. 10 59 and last saw him alive on Dec. 10 59		Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. C. Moberly		22b. ADDRESS D.C. Moberly, Missouri		22c. DATE SIGNED 12, 11, 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-12-1959	23c. NAME OF CEMETERY OR CREMATORY Thomas Hill Cemetery		23d. LOCATION (City, town, or county) (State) Thomas Hill, Missouri	
24. FUNERAL DIRECTOR Tom B. Patton		ADDRESS Huntersville, N.C.		25. DATE RECD. BY LOCAL REG. 12-16-1959	
26. REGISTRAR'S SIGNATURE Mary H. Bentley					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville

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.