

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS FEB 8 1960

=60-002395

STATE FILE NUMBER

NDE

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) Troy		Length of stay in lb 10yr.		c. CITY OR TOWN Troy		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 155 Bonfils St.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 155 Bonfils St.		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First JENNIE Middle ALEXANDER Last ALEXANDER				4. DATE OF DEATH Month Jan. Day 30 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Jan. 14, 1886	
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 0 Days 16		IF UNDER 24 HR Hours 0 Min. 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Brussels MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Alexander			13b. MOTHER'S MAIDEN NAME Jennie Alexander			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO. None		17. INFORMANT Stella Alexander		
					Address Troy 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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)							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 6/1 a.m. 55 p.m.		Month, Day, Year Jan 30/60		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 6/1/55 to Jan 30/60 and saw her alive on Jan 30/60 Death occurred at A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Leek (Degree or title)				22b. ADDRESS Troy MO		22c. DATE SIGNED 2/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb. 1, 1960		23c. NAME OF CEMETERY OR CREMATORY Reid Cemetery		23d. LOCATION (City, town, or county) (State) Lincoln County MO.	
24. FUNERAL DIRECTOR D. C. McCoy ADDRESS Troy MO				25. DATE RECD. BY LOCAL REG. 2-3-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 18 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. E. McCoy

Licensed Embalmer No.

358

P. O. Address

Troy 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.