RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS APR 1 1960

60-010299
STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 40

IDED

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty — Length of stay in 1b: 74 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: IOOF Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Gertrude Middle: Last: Alexander
4. DATE OF DEATH: Month: March Day: 20 Year: 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-5-71
9. AGE (last birthday): 88 — 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): unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lake City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James V. Alexander
13b. MOTHER'S MAIDEN NAME: Anne Jessee
14. NAME OF HUSBAND OR WIFE: ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs Henry Schrank Address: Blue Springs, Mo.

MEDICAL CERTIFICATION

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: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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 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 1938 to and last saw her alive on 3-20-60
Death occurred at 11:30p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm H Goodson (Degree or title) MD
22b. ADDRESS: Liberty Mo
22c. DATE SIGNED: 3/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 3-22-60
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs Cemetery
23d. LOCATION (City, town, or county) (State): Blue Springs, Missouri

24. FUNERAL DIRECTOR: Webb Funeral Home ADDRESS: Blue Springs, Mo.
25. DATE REC'D BY LOCAL REG.: 3-26-60
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William E Fre

Signature of Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Blue Spri

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