

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS

JUL 11 1960

59

Primary Registration District No. 4097

Registrar's No. 120

=60-022566

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pleasant Hill</b>			Length of stay in lb <b>Life</b>		c. CITY OR TOWN <b>Pleasant Hill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>224 N. Independence</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>224 N. Independence</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Collins</b> Last <b>Alexander</b>				4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/24/1889</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>24</b> Days <b>00</b>	IF UNDER 24 HR Hours <b>00</b> Min. <b>00</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>		11. BIRTHPLACE (City and state or country) <b>Pleasant Hill, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David Alexander</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Baner</b>		14. NAME OF HUSBAND OR WIFE <b>Fannie Mae Alexander</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>487-09-0692</b>		17. INFORMANT Address <b>Pleasant Hill Mo.</b> <b>Fannie Mae Alexander</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral pneumonia (bronchial)</b> DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) <b>Coronary artery disease</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STARTING THE UNDERLYING CAUSE LAST. <b>Bronchial asthma, myocardial infarction</b> 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							INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>6 mos.</b> <b>unk known</b>
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 <b>11:30</b> Month, Day, Year <b>June 26, 1960</b>							
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		COUNTY		STATE	
21. I attended the deceased from <b>December 1959</b> to <b>June 26, 1960</b> and last saw him alive on <b>June 26, 1960</b> Death occurred at <b>6-26-60</b> <b>11:30 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Raymond E. Bredlow, D.O.</b>				22b. ADDRESS <b>Pleasant Hill, Mo.</b>		22c. DATE SIGNED <b>6-27-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6/28/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>		23d. LOCATION (City, town, or county) <b>Pleasant Hill, Mo.</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Brownfield- Stanley Pleasant Hill, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-28-60</b>		26. REGISTRAR'S SIGNATURE <b>Ms. Ray Seber</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 11 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 Raymond D. Stanb

Licensed Embalmer No. 5008

P. O. Address Pleasant M

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