

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035854

FILED VS OCT 5 1960

Registration District No. 314 Primary Registration District No. 6067 Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, Springfield, El Dorado Springs</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 4</u>		d. STREET ADDRESS (If outside, give location) <u>Route 4</u>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>Ella</u>	<u>Nora</u>	<u>Alexander</u>	<u>September</u>	<u>26</u>	<u>1960</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-24-1874</u>	9. AGE (last birthday) <u>86</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Clair Co., Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Alexander</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Leona Alexander, El Dorado Spgs. Mo</u>	

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 <u>Feb. 27, 59</u>
IMMEDIATE CAUSE (a) <u>Apoplexy. Second Stroke</u>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>No Injury</u>	
20c. TIME OF INJURY Hour <u>None</u> 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.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u>	COUNTY STATE
21. I attended the deceased from <u>2-19-59</u> to <u>9-24-1960</u> and last saw her/him alive on <u>9-24-1960</u> Death occurred at <u>9-24-60</u> <u>3:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>John W. Richardson M.D.</u>		22b. ADDRESS <u>El Dorado Spgs. Mo</u>		22c. DATE SIGNED <u>9-28-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Point Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Clair Co., Missouri</u>	
24. FUNERAL DIRECTOR <u>Gwinn-Carothers</u>		ADDRESS <u>El Dorado Spgs. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>

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

Student _____
Signature of Student Embalmer

Signed *Ray E. Cuthbert*

Licensed Embalmer No. 4419

P. O. Address *Edwards*

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.