

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040864

FILED VS NOV 14 1960

Registration District No. 371 Primary Registration District No. 4541 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>WEBSTER</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) <u>FOYDLAND MO E. BENTON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>WEBSTER</u>		
Length of stay in 1b <u>40 YRS</u>		c. CITY OR TOWN <u>FOYDLAND</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>HOME</u>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX		
First <u>ELLA</u> Middle <u>NORA</u> Last <u>ALEXANDER</u>			Month <u>NOVEMBER</u> Day <u>4</u> Year <u>1960</u>			Female		
6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-16-1892</u>		9. AGE (last birthday) <u>77</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>DOUGLAS CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>I. J. ALEXANDER</u>			13b. MOTHER'S MAIDEN NAME <u>JOHNSTON</u>			14. NAME OF HUSBAND OR WIFE		
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>MISS SADIE ALEXANDER Foydland, MO</u>		Address	
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	
IMMEDIATE CAUSE (a) <u>Acute myocardial failure</u>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>								
DUE TO (c) <u>Arterio-sclerosis</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>						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		COUNTY STATE		
21. I attended the deceased from <u>1/16/54</u> to <u>11/4/60</u> and last saw <u>her</u> alive on <u>11/4/60</u> Death occurred at <u>11:15A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>A. R. Schultz Sr.</u>				22b. ADDRESS <u>Foydland Mo.</u>		22c. DATE SIGNED <u>11/8/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-6-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>DAY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MISSOURI</u>		
24. FUNERAL DIRECTOR <u>Kelley-Ferris</u>				25. DATE/RECD. BY LOCAL REG. <u>NOV. 8, 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		
ADDRESS <u>FOYDLAND, MO</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 How J. Lowell

Licensed Embalmer No. 4847

P. O. Address Menfield, OH

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.