RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS DEC 5 1960

60-043138
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 277

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hosp. — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First MONA Middle BEATRICE Last BRAINERD
4. DATE OF DEATH: Month 11 Day 20 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-8-1876
9. AGE (last birthday): 84
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): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (City and state or country): Macon Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James G. Alexander
13b. MOTHER'S MAIDEN NAME: Elizabeth Walker
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.: None
17. INFORMANT: Robert Alexander Address: R#3 Madison, 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) Cardio-vascular disease. — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis General.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of the left Hip

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 Oct 29-1960 to Nov 20 1960 and last saw her alive on Nov 20-1960
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) — 22b. ADDRESS: Woodland Hospital — 22c. DATE SIGNED: Nov. 22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-22-1960
23c. NAME OF CEMETERY OR CREMATORY: Phillips Cem.
23d. LOCATION (City, town, or county) (State): Duncans Bridge, Mo.
24. FUNERAL DIRECTOR: Thompson-Mackler ADDRESS: Madison, Mo.
25. DATE RECD. BY LOCAL REG.: 11-22-60
26. REGISTRAR'S SIGNATURE: [illegible]

(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 _____
Signature of Student Embalmer

Signed Joseph R. Mai

Licensed Embalmer No. 457

P. O. Address Madiso

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.