

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009805

STATE FILE NUMBER

Registration District No. 210

Primary Registration District No.

Registrar's No.

AMENDED

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Princeton

Length of stay in 1b
2 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Axtell Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison

c. CITY
OR
TOWN Mt. Moriah,

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Laura

Sedona

Alexander

4. DATE
OF
DEATH

Month

Day

Year

March

13

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-16-1880

9. AGE (last birthday)

80

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)
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (City and state or country)
Mercer County, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Charles W. Lauderback

13b. MOTHER'S MAIDEN NAME

Rachel Yount

14. NAME OF HUSBAND OR WIFE

Thomas E. Alexander (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
None

17. INFORMANT

Exa Hartness

Address

Mt. Moriah, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Auricular Fibrillation with

INTERVAL BETWEEN
ONSET AND DEATH
17 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

enlarged left ventricle due to Heart
Block

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 2-25-61 to 3-13-61 and last saw her alive on 3-13-61
Death occurred at 8:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. O.

22b. ADDRESS

Princeton, Missouri.

22c. DATE SIGNED

3-15-61

23a. BURIAL, CREMATION,
REMOVAL, SPECIFY

23b. DATE

3-15-61

23c. NAME OF CEMETERY OR CREMATORY

Goshen Cemetery

23d. LOCATION (City, town, or county)

RFD Cainsville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Cainsville, Mo.

25. DATE RECD. BY LOCAL REG.

3-15-61

26. REGISTRAR'S SIGNATURE

Exa Hartness

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

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.