

MISSOURI DEATH CERTIFICATE

61-010382

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2668 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED MAR 30 1961

1. PLACE OF DEATH  
a. COUNTY —  
b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis Length of stay in lb 7 hrs  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Friend Employees Hosp. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1226 N. Tacoma Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Oklahoma b. COUNTY Tulsa  
c. CITY OR TOWN Tulsa Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1226 N. Tacoma Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Althie Middle C. Last ALEXANDER 4. DATE OF DEATH Month Mar. Day 17 Year 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1/4/1894 9. AGE (last birthday) 67 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) Engineer 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Kempner, Texas 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Ed. Alexander 13b. MOTHER'S MAIDEN NAME Annie Smith 14. NAME OF HUSBAND OR WIFE Sylvia Alexander  
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. Unknown 17. INFORMANT Sylvia Alexander, Tulsa, Okla. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) extensive cerebral vascular accident, recurrent  
DUE TO (b) arteriosclerosis  
DUE TO (c) 331x  
INTERVAL BETWEEN ONSET AND DEATH 3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Dehydrated  
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 Month, Day, Year  
a.m. p.m.

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 Mar. 17, 1961 to Mar. 17, 1961 and last saw him alive on Mar. 17, 1961  
Death occurred at 2:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul P. Crowell, M.D. 22b. ADDRESS 4960 Locke 22c. DATE SIGNED 3/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-18-61 23c. NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum 23d. LOCATION (City, town, or county) (State) Tulsa, Okla.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd. 25. DATE RECD. BY LOCAL REG. MAR 20 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harry E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St. Louis, 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.