

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030261

STATE FILE NUMBER

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 276

FILED SEP 5 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in lb
9 monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Campbell Nursing HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Greenridge

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
7 1/2 Miles NE of GreenridgeReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First Nevada

Middle Belle

Last Alexander

4. DATE OF DEATH

Month 8

Day 29

Year 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/15/77

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Benton County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jessie Sanford Jones

13b. MOTHER'S MAIDEN NAME

Abigail Murphy

14. NAME OF HUSBAND OR WIFE

Johnny Lee 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.

Not given

17. INFORMANT

C.C. Alexander, Greenridge, Missouri

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

IMMEDIATE CAUSE (a)

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

DUE

DUE TO

Chronic Myocarditis
Complicated by haemorrhage from
gastric ulcer.INTERVAL BETWEEN
ONSET AND DEATHPART 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 ☐ Unknown19. 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
INJURYHour
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 May 24 1960 to Aug 29 1961 and last saw her alive on Aug 29 1961
Death occurred at 7:16 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

8/31/61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

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

Sedalia

(State)

Mo.

24. FUNERAL DIRECTOR

D.W. Heckert

ADDRESS

Gillespie Funeral
Home, Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

8/31/1961

26. REGISTRAR'S SIGNATURE

Francis Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 _____ *DW Beckert*

Licensed Embalmer No. 3470

P. O. Address _____

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.