

**COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-039756**

STATE FILE NUMBER

AMENDED:

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

Registration District No. 354 Primary Registration District No. 3072 Registrar's No. 193

**FILED OCT 23 1961**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	
Length of stay in lb <b>20 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home 691 W. Eastwood</b>		d. STREET ADDRESS (If outside, give location) <b>691 W. Eastwood</b>	
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) First <b>Eliza</b> Middle <b>Alexander</b> Last <b>Alexander</b>			4. DATE OF DEATH Month <b>10</b> Day <b>16</b> Year <b>61</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/31/86</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Saline County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Jackson</b>	13b. MOTHER'S MAIDEN NAME <b>Buel Jackson</b>	14. NAME OF HUSBAND OR WIFE <b>Rev. Lenonard Alexander</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mollie Green, 691 W. eastwood</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
DUE TO (b) <b>Arterial Hypertension</b>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Essential Cerebral Hemorrhages</b>		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.)
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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 checked="" 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
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21. I attended the deceased from <b>29 Nov 1960</b> to <b>16 Oct 61</b> and last saw her <b>alive</b> on <b>14 Oct 1960</b>	
Death occurred at <b>10:02 - 9:42 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>George H. Green</i> (Degree or title)	22b. ADDRESS <b>Marshall Mo</b>	22c. DATE SIGNED <b>10/20/61</b>
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23a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/20/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Finnis Creek Cemetery</b>	23d. LOCATION (City, town, or county) <b>Marshall, Missouri</b>
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24. FUNERAL DIRECTOR <b>George H. Green, Fulton, Missouri</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-20-61</b>	26. REGISTRAR'S SIGNATURE <i>Cecil G. Read</i>
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**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 *Raymond E. Green*

Licensed Embalmer No. 4270

P. O. Address Fulton 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.