

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001462

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 409 STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN MARSHALL	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 508 N ELLSWORTH
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGE Middle WALLACE Last ALEXANDER			4. DATE OF DEATH Month January Day 23 Year 1962			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-28-86	9. AGE (last birthday) 75	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) Shoe Maker	10b. KIND OF BUSINESS OR INDUSTRY Factory International Shoe	11. BIRTHPLACE (City and state or country) Saline County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME James Alexander	13b. MOTHER'S MAIDEN NAME Martha Thomas	14. NAME OF HUSBAND OR WIFE Lucy Alexander
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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) Yes WWI	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT VA Hospital Official Records, K.C. Mo.	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with multiple myocardial infarctions, and coronary artery occlusions		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma, bladder with local extension and hydronephrosis, bilateral, severe	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis, probably inactive		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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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. attended the deceased from VA January 20, 1962 to January 23, 1962	Death occurred at 5:00 a on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE OF REGISTRAR <i>Stephen Parks</i>	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 1-23-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-24-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Horb Cemetery	23d. LOCATION (City, town, or county) (State) Saline County Missouri
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24. FUNERAL DIRECTOR Melody-McGibby-Lylar Funeral Home	ADDRESS Woodland	25. DATE RECD. BY LOCAL REG. 1-24-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Signed

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 James E. Hackleura

Licensed Embalmer No. MO 45 23

P. O. Address Keosauqua City 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.