

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007415

STATE FILE NUMBER

TE
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AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

274
FILED MAR 12 1962

3052

84

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in lb 4 yrs	c. CITY OR TOWN Sedalia Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		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 Janett Anna Alexander			4. DATE OF DEATH Month Day Year Feb 20 1962
5. SEX female	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 18 Dec 1895
9. AGE (last birthday) 66		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	
11. BIRTHPLACE (City and state or country) Benton Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Earnest Mywald		13b. MOTHER'S MAIDEN NAME Mattie Gregory	
14. NAME OF HUSBAND OR WIFE Everette Alexander		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Everette Alexander	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular flutter Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Posterior myocardial wall infarction			INTERVAL BETWEEN ONSET AND DEATH sudden 2 years 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertension			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 1 September 1960 to 21 February 1962 and last saw her alive on 21 February 1962 Death occurred at 11:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Stanley D. Fisher M.D.	22b. ADDRESS 500 West 16th Sedalia Missouri	22c. DATE SIGNED 28 Feb '62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/23/1962	23c. NAME OF CEMETERY OR CREMATORY Mt Olive cemetery	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Sickman & Dunning	ADDRESS FH Clinton, Mo	25. DATE RECD. BY LOCAL REG. Mar 5 1962	26. REGISTRAR'S SIGNATURE Frances Helby

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1962

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

Robert J. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.