

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015004

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 23

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY **HOWARD**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Fayette, Missouri**

Length of stay in lb
14 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Lee Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Howard**

c. CITY OR TOWN **Fayette** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **909 W. Davis** Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
BEATRICE BLANTON ALEXANDER

4. DATE OF DEATH Month Day Year
APRIL 22, 1962

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
5/4/1886

9. AGE (last birthday) **75**

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)
House Work

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Henry Bradley

13b. MOTHER'S MAIDEN NAME

Amelia Richards

14. NAME OF HUSBAND OR WIFE

Charles Fredrick 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.
None

17. INFORMANT
Address **Harold Alexander Fayette, Mo.**

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

IMMEDIATE CAUSE (a)

Central apoplexy

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

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

DUE TO (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)

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 **April 22/62** and last saw her alive on **April 22/62**
Death occurred at **11 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M.P. Leach M.D.

22b. ADDRESS

Fayette, Mo

22c. DATE SIGNED

4/24/62

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

23b. DATE
4/24/1962

23c. NAME OF CEMETERY OR CREMATORY
City Cemetery

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

24. FUNERAL DIRECTOR

Fayette, Missouri

25. DATE RECD. BY LOCAL REG.

4-24-62

26. REGISTRAR'S SIGNATURE

Katherine Walsh

JUN 12 1962

Permit received 4-24-62

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayotte, 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.