

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028012

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267  
FILED AUG 15 1962Primary Registration District No. 3049Registrar's No. 148VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                      |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>PEMISCOT</u>                                                                                                                                                                                                                                                                 |                                                                                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>                          |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>                                                                                                                                                                                                                                 |                                                                                                                   | c. CITY OR TOWN <u>Hayti</u>                                                                                                                                         |                                      |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>911 West Washington</u>                                                                                                                                                                                                         |                                                                                                                   | d. STREET ADDRESS (If outside, give location) <u>911 West Washington</u>                                                                                             |                                      |
| 3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Glenn</u> Last <u>Alexander</u>                                                                                                                                                                                                               |                                                                                                                   | 4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1962</u>                                                                                                    |                                      |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE <u>White</u>                                                                                     | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>Jan 20, 1989</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>                                                                                                                                                                                                  |                                                                                                                   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>                                                                                                                        |                                      |
| 11a. FATHER'S NAME <u>J.W. Fitts</u>                                                                                                                                                                                                                                                                           |                                                                                                                   | 11b. MOTHER'S MAIDEN NAME <u>Tennessee Rose</u>                                                                                                                      |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>                                                                                                                                                                                              |                                                                                                                   | 16. SOCIAL SECURITY NO. <u>None</u>                                                                                                                                  |                                      |
| 17. INFORMANT <u>Vera Mae Alexander</u>                                                                                                                                                                                                                                                                        |                                                                                                                   | 18. NAME OF HUSBAND OR WIFE <u>F.C. Alexander Deceased</u>                                                                                                           |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>DUE TO (b) <u>ASHD.</u><br>DUE TO (c) <u>HCUO</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                                   | 19. INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>                                                                                                                |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Debate Thel. tun</u>                                                                                                                                                      |                                                                                                                   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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.)                                                                         |                                      |
| 20c. TIME OF INJURY Hour <u>1:45</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>                                                                                                                                                                                                    | 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                                                                                                                                         |                                      |
| 20g. COUNTY                                                                                                                                                                                                                                                                                                    |                                                                                                                   | 20h. STATE                                                                                                                                                           |                                      |
| 21. I attended the deceased from <u>11-8-58</u> to <u>7-27-62</u> and last saw her alive on <u>7-27-62</u><br>Death occurred at <u>1:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                            |                                                                                                                   |                                                                                                                                                                      |                                      |
| 22a. SIGNATURE <u>Jacob Walden</u> (Degree or title) <u>MD</u>                                                                                                                                                                                                                                                 |                                                                                                                   | 22b. ADDRESS <u>Hayti, Missouri</u>                                                                                                                                  |                                      |
| 22c. DATE SIGNED <u>8-2-62</u>                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                      |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                                                                                                                                                                                                                                                        | 23b. DATE <u>7-30-1962</u>                                                                                        | 23c. NAME OF CEMETERY OR CREMATORY <u>Steele Cemetery</u>                                                                                                            |                                      |
| 23d. LOCATION (City, town, or county) <u>Steele, Missouri</u>                                                                                                                                                                                                                                                  |                                                                                                                   | 23e. STATE <u>Missouri</u>                                                                                                                                           |                                      |
| 24. FUNERAL DIRECTOR <u>John W. German</u>                                                                                                                                                                                                                                                                     |                                                                                                                   | 25. DATE RECD. BY LOCAL REG. <u>8-5-62</u>                                                                                                                           |                                      |
| 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                      |                                      |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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

*John W. German*

Licensed Embalmer No.

*2355*

P. O. Address

*Hayti, 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.