

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039289

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 187

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY Lacledeb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LebanonLength of stay in lb
15 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Louise G. WallaceInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Lacledec. CITY OR TOWN LebanonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1139 AylesburyReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AnneAdamsAlexander

4. DATE OF DEATH

Month

Day

Year

Oct. 14, 1962

5. SEX

female

6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-27-99

9. AGE (last birthday)

63

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)
music & book store10b. KIND OF BUSINESS OR INDUSTRY
music-book store11. BIRTHPLACE (City and state or country)
Gilead, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William Grant Adams

13b. MOTHER'S MAIDEN NAME

Harriett LaRue

14. NAME OF HUSBAND OR WIFE

Forrest L. Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

none

17. INFORMANT

487-36-8273 Forrest L. Alexander, Lebanon, 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)

Cerebral Hemorrhage with left hemiplegia

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 days

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

DUE TO (b)

Two Aneurysms of the brain

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 ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐no

SUICIDE

☐no☐☐

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 February 2, 1962 to October 14, 1962 and last saw her alive on October 14, 1962Death occurred at 7:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paula J. Jenkins M.D.

22b. ADDRESS

Knight Bldg. Lebanon. Mo

22c. DATE SIGNED

16 Oct. 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10-17-62

23c. NAME OF CEMETERY OR CREMATORY

Lick Creek Cemetery

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

Perry, Ralls County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. J. ShadelLebanon, Mo.

25. DATE RECD. BY LOCAL REG.

10-16-1962

26. REGISTRAR'S SIGNATURE

Hella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59053520535

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OCT 25 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 _____

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.

Permit issued 10-16-1962 H. R. May