

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041574

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

641

VS 300
Rev. 4/59

10109

20800

3

4 0

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9332X

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122-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH NOV 19 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BOONE	b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia	a. STATE Mo.	b. COUNTY Pettis
c. FULL NAME OF (If NOT in hospital, give location) Univ. Mo. Medical Center		c. CITY OR TOWN HUSTONIA	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) Francis Hall Alexander		4. DATE OF DEATH 11 14 62	
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 11-7-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed		10b. KIND OF BUSINESS OR INDUSTRY Taxman	
13a. FATHER'S NAME Thomas Alexander		13b. MOTHER'S MAIDEN NAME Mary Allen Curry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. MO	
17. INFORMANT MRS. Maud Alexander		14. NAME OF HUSBAND OR WIFE Maud 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) CESSATION OF RESPIRATION + HEART		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL INFARCTION, RT SIDE		2 WKS +	
DUE TO (c) CEREBRAL ARTERIOSCLEROSIS		INDETERMINATE	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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 HOUSTONIA, MO.	
21. I attended the deceased from Nov 7, 1962 to Nov. 14, 1962 and last saw her alive on Nov. 14, 1962			
Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. Land, M.D. (Degree or title)		22b. ADDRESS M.U. Medical Center	
22c. DATE SIGNED 11-14-62		22d. LOCATION (City, town, or county) (State) Pettis County, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-16-62	23c. NAME OF CEMETERY OR CREMATORY Millers Chapel Cemetery	
24. FUNERAL DIRECTOR D.W. Hebert ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. Nov 14 1962	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 27 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

John R. Tamm Jr.

Licensed Embalmer No.

5173

P. O. Address

Sedalia 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.