MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002877
STATE FILE NUMBER

Registration District No. 298 Primary Registration District No. 3054 Registrar's No. 23

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED FEB 13 1963

1. PLACE OF DEATH
a. COUNTY: PIKE COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. PIKE CO. HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: PIKE
c. CITY OR TOWN: EOLIA - MISSOURI
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): GENERAL DEL. EOLIA, MO.
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First MINNIE Middle MAE Last ALEXANDER

4. DATE OF DEATH: Month JAN. Day 31 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 5-13-1869

9. AGE (Last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: 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: HOME

11. BIRTHPLACE (City and state or country): GREAT FALLS, KAN.

12. CITIZEN OF WHAT COUNTRY: U.S.A. PIKE COUNTY

13a. FATHER'S NAME: LEVI BENNETT

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: CHAS. E. MARTIN Address: EOLIA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): UREMIA.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): DEHYDERTION
DUE TO (c): ANARRHECTIC CACHEXIA - (GERIATRIC)
INTERVAL BETWEEN ONSET AND DEATH: APPROX - 4 WKS

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.): NO INJURY.

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: EOLIA - MISSOURI COUNTY: PIKE - STATE: MO.

21. I attended the deceased from JAN. 31-1963 @ 6:30 P.M. to ____ and last saw her/him alive on JAN. 31-1963. 6:30 P.M.
Death occurred at APPROX 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph H. Hayde (Degree or title): D.O.

22b. ADDRESS: 519 WEST MAIN - Bowling Green MO. (State)

22c. DATE SIGNED: 2/4/63

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

23b. DATE: 2-5-1963

23c. NAME OF CEMETERY OR CREMATORY: ST CLAIR MEMORIAL PK.

23d. LOCATION (City, town, or county) (State): ST CLAIR CO., MO.

24. FUNERAL DIRECTOR: GEO. M. COLLIER, LOUISIANA MO. ADDRESS

25. DATE RECD. BY LOCAL REG.: 2-4-63

26. REGISTRAR'S SIGNATURE: Eunice Collier

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0822		
2	0820,		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	794X		
10			
11			
12	92-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

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 Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green 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.