

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042512

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 322 Primary Registration District No. 4480 Registrar's No. 126

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Greentop		c. CITY OR TOWN Kirksville	
Length of stay in lb 2 months		Inside Limits Yes No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Greentop Nursing Home		d. STREET ADDRESS (If outside, give location) 1813 E. Harrison	
3. NAME OF DECEASED (Type or print) Donalene Alexander		4. DATE OF DEATH October 25, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-27-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. FATHER'S NAME Ira M. Myers		11b. MOTHER'S MAIDEN NAME Amanda Shipman	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO. 499-24-5676	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Severe Anemia DUE TO (c) Hodgkin's disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		13b. INTERVAL BETWEEN ONSET AND DEATH 3 days 4 years 6 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis		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 Queen City Mo.	
20g. COUNTY Schuyler County, Mo.		20h. STATE Mo.	
21. I attended the deceased from 8/23/60 to 10/25/63 and last saw her alive on 10/23/63 Death occurred at 9:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward M. Roberts, M.D.		22b. ADDRESS Queen City Mo.	
22c. DATE SIGNED 10/26/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-27-63	23c. NAME OF CEMETERY OR CREMATORY New Harmony	
23d. LOCATION (City, town, or county) Schuyler County, Mo.		23e. DATE RECD. BY LOCAL REG. Oct 27, 1963	
23f. REGISTRAR'S SIGNATURE J. Lawrence Shepherd		23g. ADDRESS 415 North Franklin Kirkville, Missouri	

DEC 10 1963

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, 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.

Almond issued 10/27/63

RECEIVED
KIRKVILLE
MISSOURI
OCT 28 1963