

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049018

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. 5961

Registrar's No. 72

VS 300
Rev. 4/59

1 0830

2 0830

3

4 1

5 2

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7 0

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9 332X

10

11

12 90-0

13 10

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lee Twp.

Length of stay in lb
life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte

c. CITY OR TOWN East Leavenworth

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Lee Twn.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Bertha

Middle B.

Last Alexander

4. DATE OF DEATH
Month December Day 18, Year 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
8-25-82

9. AGE (last birthday)
81

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)
Platte Co. Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Hiram Burt

13b. MOTHER'S MAIDEN NAME

Mary Katherine Pitts

14. NAME OF HUSBAND OR WIFE

William L. Alexander

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

16. SOCIAL SECURITY NO.
none

17. INFORMANT
Mrs. Virginia Mann East Leavenworth Missouri

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 Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

unknown

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

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchial Pneumonia

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 Month, Day, Year
a.m. p.m.

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 12-13-1963 to 12-18-63 and last saw her alive on 12-18-63
Death occurred at 5:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Albert B. Lewis Jr. M.D.

22b. ADDRESS

Platte City, Missouri

22c. DATE SIGNED

12-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-20-63

23c. NAME OF CEMETERY OR CREMATORY

Platte City, Cemetery

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

Platte City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Vaughn Funeral Home Weston, Mo.

25. DATE RECD. BY LOCAL REG.

12.20.1963

26. REGISTRAR'S SIGNATURE

B. P. Reine

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 L. P. Vaughan, Student Embalmer No. 716

working under my personal supervision.

Student

L. P. Vaughan
Signature of Student Embalmer

Signed

W. P. Vaughan

Licensed Embalmer No.

4023

P. O. Address

Weston, 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.