

124 68 0032555

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 194DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/689. 0
10a. 74
10b.
11. 0
12. 1
13. 1579
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

4.0425

5. 2

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0080

PARENTS

CAUSE

CERTIFIER

URIA

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>EDMUND ALEXANDER</u>						2. <u>MALE</u>	3. <u>AUG 15, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	MONTHS	DAYS	HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>White</u>		5a. <u>74</u>	5b. <u>7</u>	5c. <u>3</u>	5d. <u>15</u>	6. <u>JAN 10, 1892</u>		7. <u>HENRY</u>
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
10b. <u>Clinton</u>				7c. <u>yes</u>		7d. <u>Wetzel Hosp.</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>MO</u>			9. <u>U.S.A.</u>		10. <u>MARRIED</u>		11. <u>Lulu Alexander</u>	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
13. <u>495-10-8291-A</u>			13a. <u>FARMER</u>			13b. <u>FARMING</u>		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. <u>MO</u>		14b. <u>BENTON</u>	14c. <u>WARSAW</u>		14d. <u>NO</u>		14e. <u>Rt 2</u>	
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>James Alexander</u>						16. <u>Mary E. Lee</u>		
INFORMANT'S NAME			MAILING ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
17. <u>Burke Alexander</u>			17b. <u>Rt 2 Warsaw, Mo</u>					
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE								
(a) <u>Metastatic Adenocarcinoma</u>								<u>Months</u>
DUE TO, OR AS A CONSEQUENCE OF:								
(b) <u>Primary Adenocarcinoma Pancreas</u>								<u>Months</u>
DUE TO, OR AS A CONSEQUENCE OF:								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19a. <u>NO</u>	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.		M. 20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE		
20e.		20f.		20g.				
CERTIFICATION—PHYSICIAN:			MONTH DAY YEAR			AND LAST SAW HIM/HER ALIVE ON		
I ATTENDED THE 21a. DECEASED FROM			9 1 66 TO 21b. 9 15 68			21c. 8 15 68		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH			I DID/DID NOT VIEW THE BODY AFTER DEATH:		
22a.			22b.			22c. <u>Did</u>		
22d. <u>7:30 P.M.</u>			22e. <u>7:30 P.M.</u>			22f. <u>7:30 P.M.</u>		
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>Clinton I. Glaspy</u>			23b. <u>Clinton I. Glaspy</u>			23c. <u>8/16/68</u>		
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.			CITY OR TOWN		
23d.			105 E. Ohio			Clinton		
STATE			CITY OR TOWN			STATE		
23e. <u>Mo.</u>			23f. <u>61735</u>			23g.		
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME			LOCATION		
24a. <u>Burial</u>			24b. <u>SHAWNEE CEMETERY</u>			24c. <u>WARSAW, MO.</u>		
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
24d. <u>AUG 18, 1968</u>			24e. <u>Reser Funeral Home</u>			24f. <u>WARSAW, MO 65351</u>		
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>John F Reser</u>			25b. <u>Mildred Begum</u>			25c. <u>8-16-68</u>		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

APR 8 1969

APR 10 1969

APR 18 1969

Handwritten mark

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 F. Reese
Licensed Embalmer No. 4098

P. O. Address Warren MS

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.

Vertical handwritten notes on the right margin:
V-N VMM
APR 10 1969
0-10-68
(M)