

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38026

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 55

68

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY OR TOWN <u>CALIFORNIA MO.</u> c. LENGTH OF STAY (in this place) <u>8 DAYS</u>		c. CITY OR TOWN <u>LUPUS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM SANITARIUM</u>		d. STREET ADDRESS (If rural, give location) <u>LUPUS MISSOURI</u>	
3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>ALEXANDEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8th 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov. 7-1863</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HARDWARE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ALFRED ALEXANDEY</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA CLAY</u>	14. NAME OF HUSBAND OR WIFE <u>LUCY ALEXANDEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. I. Ho. Ewingley Lupus Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> <u>Left side Hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>231X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Oct 31</u> , 19 <u>49</u> , to <u>Nov 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 8</u> , 19 <u>49</u> , and that death occurred at <u>10:15 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. L. Latham</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>California Mo</u>	23c. DATE SIGNED <u>11-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 10 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR JAMES TOWN</u>
DATE REC'D BY LOCAL REG. <u>11-9-49</u>	REGISTRAR'S SIGNATURE <u>H. R. Poppey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garland Hornbeck Prairie Home Mo</u>	

RECEIVED
DEC 8 1950
District Health Officer No. 9,
District File Number

JUL 13 1950

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 _____
Student Embalmer

Signed Al Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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 this body is not embalmed, fact should be so stated above.