

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22746

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 576L Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>New Bloomfield (Rural)</u> LENGTH OF STAY (in this place) <u>6 Mo</u>		c. CITY OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Engram Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>310 W. Atchison</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Alexander</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 16 49</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. 4, 1870</u>	9. AGE (to years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	11. BIRTHPLACE (State or foreign country) <u>State</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Walker Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dodson</u>		14. NAME OF HUSBAND OR WIFE <u>Agness Dorzab</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. O. O. DURKIN</u> ADDRESS <u>719 Cliff Dr. Jeff City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Senility</u>			<u>10 years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suspected Malignancy, primary unknown</u>			<u>4-30</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (M.)	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 Oct. 19 47, to July 16, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Donald Shull, M.D.</u> (Degree or title)		23b. ADDRESS <u>229 1/2 E High Jefferson City, Mo.</u>		23c. DATE SIGNED <u>July 17, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center town Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Center town Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 19-49</u>	REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>	39	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesch</u> ADDRESS <u>Jefferson City</u>	

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

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RECEIVED JUL 21 1949
District Health Officer No. 9,
District File Number

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. 315

working under my personal supervision.

Student

Bill Branson
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City 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.