

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17832

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 24

0891

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

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 49 yrs.		d. STREET ADDRESS (If rural, give location) 419 East Royal	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 East Royal		0	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Alexander c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 31, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 3 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Lexington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Wood		13b. MOTHER'S MAIDEN NAME Margaret Hursman		14. NAME OF HUSBAND OR WIFE Richard H. Alexander	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Richard H. Alexander Richmond Missouri	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)	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 **April 20, 1950** to **May 5, 1950**, that I last saw the deceased alive on **May 5, 1950**, and that death occurred at **12:00 Noon**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or Heir) Helvin L. Prater, M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED May 7, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 7, 1950	24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. May 9, 1950	REGISTRAR'S SIGNATURE Malcolm Jackson	273	FUNERAL DIRECTOR'S SIGNATURE Quest Life Insurance	HOME ADDRESS Richmond, Missouri
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MAY 15

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5/17/50

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.....

working under my personal supervision.

Student Embalmer No.....

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4066

P. O. Address [Signature]

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.