

BIRTH NO. 126.....

CERTIFICATE OF DEATH.

STATE FILE NO..

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>St Paul, Neb.</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>St Paul</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) <u>Cleveland</u> c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-50</u>	
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5. SEX <u>M</u>	6. COLOR or RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 26, 1887</u>	9. Age (In yrs. last birthday) <u>63</u>	10. If Under 1 Yr. If Under 24 Hrs. <u>8</u> <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Baseball player</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baseball</u>	11. BIRTH-PLACE (City, town or county) (State or foreign country) <u>Elba, Neb.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Wm Alexander</u>	14. MOTHER'S MAIDEN NAME <u>Maggie Cooley</u>	15. NAME OF HUSBAND OR WIFE <u>Aimee Alexander</u>
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15. WAS DECREASED EVER IN U. S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.I.</u>	16. SOCIAL SECURITY NO. <u>066-14-3600</u>	17. INFORMANT'S NAME or Signature & Address <u>Aimee Alexander</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>7</u>	MEDICAL CERTIFICATION		Interval Between Onset and Death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Very likely Cardiac failure.</u>	ANTECEDENT CAUSES DUE TO (b) <u>Found dead on the floor of his room face downward</u> DUE TO (c) <u>no signs of a struggle</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY OR TOWN) (COUNTY) (STATE) <u>St. Paul, Neb.</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-3-50, 1950, to 11-4-50, 1950, that I last saw the deceased alive on 11-3-50, 1950, and that death occurred at 11-4-50, 1950, from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. ...</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Paul, Neb.</u>	23c. DATE SIGNED <u>11-7-50</u>
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24a. BURIAL TIME REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edmund Cemetery</u>	24d. LOCATION (City, town or county) (State) <u>St. Paul, Nebraska</u>
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DATE RECD BY LOCAL REG. <u>11-10-50</u>	REGISTRAR'S SIGNATURE <u>Raymond A. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Verden &amp; McVinty</u> ADDRESS <u>St. Paul, Neb.</u>
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I hereby certify I personally embalmed the body of the deceased named above. Verden & McVinty  
 License No. 1888