

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3685**

FILED JAN 27 1949

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4471 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gilliam</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gilliam</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) <u>Douglas James</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1-1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>widowed</u>	
8. DATE OF BIRTH <u>Feb. 7-1869</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>been an invalid a</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>long time</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>					

13a. FATHER'S NAME <u>Ben James</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>widowed</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. Marcella Thomas Gilliam, Mo</u>	
				ADDRESS	

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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Myocarditis, chronic with myocardial failure.</u> <u>(b) Generalized arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				RELATIONSHIP BETWEEN ONSET AND DEATH <u>0 years</u> <u>3 weeks</u> <u>?</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 <u>see above</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) m.		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 Nov. 15 1948, to Jan. 1, 1949, that I last saw the deceased alive on Dec. 29, 1948, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. McBurney M.D.</u>		23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>1/3/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cambridge</u>		24d. LOCATION (City, town, or county) (State) <u>Near Gilliam, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>Ms. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. 11 Brothers</u>		ADDRESS <u>Slater, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8;
District File Number _____
Date Filed 1-26-49

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 Guy F. Hays, Jr. Student Embalmer No. 88 working under my personal supervision.

Student
Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Stater 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.