

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9254

State File No.

BIRTH NO. _____ REG. DIST. NO: 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>26 yrs</u>		67 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.O. Box 698</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 698</u>	
1		0 0	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Isom</u>	b. (Middle) <u>J.</u>	c. (Last) <u>James</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe James</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Gen James</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Gen James, Box 698, Wyatt, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>March 6, 1949</u> , to <u>Mar 6, 1949</u> that I last saw the deceased alive on <u>Mar 6, 1949</u> and that death occurred at <u>6:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. P. Foutley D.D.</u>	23b. ADDRESS <u>Wyatt, Mo</u>	23c. DATE SIGNED <u>3-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar. 19-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. Sparks</u>	ADDRESS <u>Charleston, Mo.</u>
(Licensed Embalmer's Statement on Reverse Side)			

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

RECEIVED

District Health Office No. 2,

District File Number 349-417

Date Filed 3-22-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 8453

P. O. Address Cape Girardeau 2

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.