

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34575

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 23

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

| | | | | | | | | |
|--|----------------------------------|--|--|---|---------------------------------------|--|--------------------|-------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>James</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-5-1949</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>2-18-1881</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>7</u> | IF UNDER 24 HRS. Days <u>17</u> | Hours <u>17</u> | Min. <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Alton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

| | | | | | | | |
|--|--|---|--|--|--|-----------------------------------|--|
| 13a. FATHER'S NAME <u>N. B. James</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Herbison</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruby</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Simms</u> | | ADDRESS <u>Alton, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Tuberculosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Senility</u> | | | | | |
| | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | <u>011X</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) 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 July 1, 1941, to Oct 5, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|--|--|
| 23a. SIGNATURE <u>W. Cooper</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Alton, Mo</u> | | 23c. DATE SIGNED <u>Nov 10-25-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-7-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elm Pond Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Oregon county, Missouri</u> | | DATE REC'D BY LOCAL REG. <u>Nov 2-49</u> | | REGISTRAR'S SIGNATURE <u>Mrs W.C. Johnson</u> <u>233</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Cooper</u> | | ADDRESS <u>Alton, Missouri</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Cooper

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

300
48

RECEIVED 11/7/49
District Health Officer No. 5,
District File Number 1149689
Date Filed 11/10/49

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.

Signed.....

Richard Carter

Signed.....

Student Embalmer

Licensed Embalmer No. 4516

P. O. Address.....

Thayer, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.