

FILED NOV 4 1949

STANDARD CERTIFICATE OF DEATH

36054

State File No.

 BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4572 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newtown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>105</u> OR TOWN <u>newtown</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 25 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-10-1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Cassie Lewis Pigg</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Charley James</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. Chas. Eckerson</u>
		ADDRESS <u>Harris 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion -</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u> <u>15 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

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) (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 Jan 10, 1937 to Oct 25, 1949, that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. A. Dale D.O.</u>	23b. ADDRESS <u>Newtown Mo</u>	23c. DATE SIGNED <u>10/27/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newtown Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Newtown Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 30-49</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd A. Payne</u>
		ADDRESS <u>Newtown, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
10-48

2. 11. 1958
JUL 11 1958

RECEIVED NOV 3 1949
District Health Officer No.
District File Number 11-49-
NOV 3
Date Filed

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 *T. Norman J. [Signature]*

Licensed Embalmer No. 3240

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.