

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2049**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana, Mo.	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) Pleasant Valley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant Valley			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Nicholis c. (Last) James			4. DATE OF DEATH (Month) (Day) (Year) 2 5 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 14, 1887	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR (Months) (Days) 10 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Otto, Ill.	
13a. FATHER'S NAME Nicholis James			13b. MOTHER'S MAIDEN NAME Mary Trapp		14. NAME OF HUSBAND OR WIFE Garnett James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 1st. World War none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rudolph James, Louisiana, Mo.	

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) HEART FAILURE			INTERVAL BETWEEN ONSET AND DEATH Acute
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC BRONCHITIS			20-30 yrs
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			501X
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)		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 **HAN**, 1949, to **2-5**, 1950, that I last saw the deceased alive on **2-5**, 1950, and that death occurred at **12:15 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 2-5-50	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 2/7/50		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Beardstown Ill.	

DATE REC'D BY LOCAL REG. Feb 5, 1950		REGISTRAR'S SIGNATURE Bernice Callier 374		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Beardstown, Louisiana, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1950
JUN 16 1950

RECEIVED FEB 9 1950
District Health Officer No. 90
District File Number 2-50-27
Date Filed FEB 9 1950

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

Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.