

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4216

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Salisbury</u>		c. CITY OR TOWN <u>Salisbury</u> <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>South Broadway 10</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Beauregard</u> c. (Last) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 12 1862</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 4 HRS. <u>21</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	11. BIRTHPLACE (State or foreign country) <u>Roanoke Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert James</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Twyman</u>		14. NAME OF HUSBAND OR WIFE <u>Ida E. Green 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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. B. James Jr Salisbury Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		334X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anterior Schlemmer</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 24, 1950, to Feb 3, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 1 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. James Jr</u> (Degree or title)	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>2-5-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/6-50</u>	REGISTRAR'S SIGNATURE <u>W. B. James Jr</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas W. Winkelman Salisbury Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED FEB 9  
District Health Officer No. 8, APR 6 1950

District File Number \_\_\_\_\_  
Date Filed 2-28-50

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 Charles W. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Seabury 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.