

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11724

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Forest Walk Hosp. 2-50</u>		c. LENGTH OF STAY (In this place) <u>2-50</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montreal</u>		0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>				d. STREET ADDRESS <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES T.</u> b. (Middle) <u>EMERY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-50</u>				
5. SEX (1) <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>div</u>	8. DATE OF BIRTH <u>1-9-1871</u>		9. AGE (16 years last birthday) <u>79</u>	IF UNDER 1 YEAR Month <u>2</u> Days <u>24</u>	IF UNDER 18 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 <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Merrill Emery</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth J. Moy</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records</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>Cardiac Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary emphysema + dy</u> DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			4222
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>_____</u>				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) <u>_____</u>		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? <u>_____</u>					
22. I hereby certify that I attended the deceased from <u>7-27-1949</u> to <u>4-3-1950</u> that I last saw the deceased alive on <u>4-3-1950</u> and that death occurred at <u>9-38 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. H. Hall M.D.</u>				23b. ADDRESS <u>Stevens, Mo.</u>		23c. DATE SIGNED <u>4-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried at St. Ann's</u>		24b. DATE <u>April 4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Vanayo</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banksen-Woolery, F. &amp; Camden, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 3-50-

Date Filed 4-10-50

**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 Phie Bankson Wooley

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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

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