S.-No. 300
10.48

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17581

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 15

0710

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Haw Creek
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Haw Creek 0710
d. STREET ADDRESS (If rural, give location) 8 miles SW of Versailles, Mo. 0

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Emma c. (Last) JAMES

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 3rd 1876
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo niteau County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Vaughn
13b. MOTHER'S MAIDEN NAME Caranatha Vaughn
14. NAME OF HUSBAND OR WIFE Wm. E. James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Wm. E. James - Versailles, Mo. ADDRESS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to May 25, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature] Washburn MD
23b. ADDRESS Versailles, Mo.
23c. DATE SIGNED 5/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 28-May-50
24c. NAME OF CEMETERY OR CREMATORY Ritchie Cemetery
24d. LOCATION (City, town, or county) (State) Morgan County, Mo.

DATE REC'D BY LOCAL REG. June 1st 1950.
REGISTRAR'S SIGNATURE Wm L. Ripperger 212
25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kidwell ADDRESS Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side) W. F. Kidwell

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

RECEIVED 6-5-50
District Health Officer No. 71
District File Number 5-50-603
Date Filed 6-6-50

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 Rene N Bertram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.