

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24411

State File No.

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL - FOLK</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Folk 0890</u>	
c. LENGTH OF STAY (in this place) <u>90 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>ARTHUR</u>		c. (Last) <u>JAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1950</u>		
--	--	---------------------------	--	------------------------	--	---	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MARCH 30-1860</u>	9. AGE (in years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher + farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rural teacher farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>William P. James</u>	13b. MOTHER'S MAIDEN NAME <u>Elina C. Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Cornelia James</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 <u>Mrs. R. J. Camp - Shambaugh Iowa</u>	ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Spinal arteriosclerosis gangrene R. foot</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4501</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) <u>Lawson Ray Mo.</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?
---	--	----------------------------

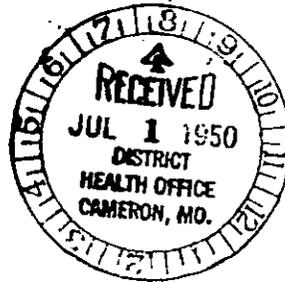
22. I hereby certify that I attended the deceased from March 1950, to June 22, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard E. Buehler M.D.</u> (Degree or title)	23b. ADDRESS <u>Lawson Mo</u>	23c. DATE SIGNED <u>June 24 1950</u>
---	-------------------------------	--------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 24, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grove Garman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lawson</u>	ADDRESS <u>Mo.</u>
---	--	--	--------------------

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



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 Lusbeck Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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.