

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25404**
5937

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gary		8130			
d. FULL NAME OF HOSPITAL OR INSTITUTION 123 S. Beaumont,				d. STREET ADDRESS (If rural, give location) 1741 Massachusetts Ave.				6	
3. NAME OF DECEASED (Type or Print) James			a. (First)		b. (Middle) Wesson		c. (Last)		
4. DATE OF DEATH 7 - 6 - 1950		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE Colored			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH abt-1883		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____			
IF UNDER 1 YEAR Days _____		IF UNDER 2 HRS. Hours _____		IF UNDER 2 HRS. Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			
10b. KIND OF BUSINESS OR INDUSTRY Rolling Mill		11. BIRTHPLACE (State or foreign country) Stephens, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA.					
13a. FATHER'S NAME Wesley Wesson			13b. MOTHER'S MAIDEN NAME Malissa Jackson			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Rufus Wesson,				ADDRESS 2819 Delmar Blvd.	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H90X					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:40 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Catharine E Taylor (Degree or title) Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.10.50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-13-1950		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Stephens, Arkansas.			
DATE REC'D BY LOCAL REG. JUL 10 1950		REGISTRAR'S SIGNATURE J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELLIS FUNERAL HOME, INC., 2820 Stoddard St.					

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

Fulton E. Cullin

Licensed Embalmer No.

4198

P. O. Address

St. Louis 13 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.