

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 82870

BIRTH NO. 63694-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 335

0164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hahn</u>	
c. LENGTH OF STAY (In this place) <u>35 min</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bahy</u> b. (Middle) <u>Boy</u> c. (Last) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Inf.</u>	8. DATE OF BIRTH <u>Oct 22 1950</u>
9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>		IF UNDER 1 YEAR Hours <u>—</u> Min. <u>35</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inf.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Melbern James</u>	
13b. MOTHER'S MAIDEN NAME <u>Alma Elledge</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Alma James, St. Louis</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth 7 months</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>9735</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)	
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?			
22. I hereby certify that I attended the deceased from <u>Oct 22, 1950</u> , to <u>Oct 22, 1950</u> , that I last saw the deceased alive on <u>Oct 22, 1950</u> , and that death occurred at <u>4:33 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Morris</u> (Degree or title) <u>HO</u>		23b. ADDRESS <u>Lutesville Mo</u>	
23c. DATE SIGNED <u>10/23/50</u>		24. NAME OF CEMETERY OR CREMATORY <u>Baker</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>		24b. LOCATION (City, town, or county) (State) <u>Lutesville, Bollinger Mo,</u>	
24c. DATE <u>Oct, 23rd 50</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Baker</u> <u>Hahn Lutesville</u>	
DATE REC'D BY LOCAL REG. <u>10-31-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44</u>	

RECEIVED

NOV 6 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

No Embalming..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.