

FILED OCT 18 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5950 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY OR TOWN <u>Hartford</u>	
b. CITY OR TOWN <u>Middletown Mo (Hartford)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown Rural Hartford Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>L</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi. E. of Dayton Mo 0870</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhona</u> b. (Middle) <u>C</u> c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 11 1882</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Joshua Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Willis</u>		14. NAME OF HUSBAND OR WIFE <u>V. B. James</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Audie Huzelson Vandalia Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Arteria Sclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>2/20/1</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) <u>3</u>		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 August 15, 1950, to Sept 2nd, 1950, that I last saw the deceased alive on Sept 2nd, 1950, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Herich M.D.</u> (Degree or title)		23b. ADDRESS <u>Middletown</u>		23c. DATE SIGNED <u>9-2-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	
		24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>			

DATE REC'D BY LOCAL REG. <u>Oct 2-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> 254		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Schubert Middletown Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 13 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-
Date Filed: OCT 17 1950

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.