

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40164**

FILED JAN 4 1951

BIRTH NO. _____

REG. DIST. NO. **75**

PRIMARY REG. DIST. NO. **3015**

Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron	
c. LENGTH OF STAY (in this place) 47 yrs		d. STREET ADDRESS (If rural, give location) 407 W. 4. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) Vincia Bailey James			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 23, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor M.D.		10b. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (State or foreign country) Honeywell - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME William James		13b. MOTHER'S MAIDEN NAME Sarah McFord		14. NAME OF HUSBAND OR WIFE Willie James	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Willie James Cameron Mo		ADDRESS _____	
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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) Carcinoma		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				15 yrs.	
		DUE TO (b) Ca. of prostate				177X	
		DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **8-11**, 19**47**, to **12-23**, 19**50**, that I last saw the deceased alive on **12-22**, 19**50**, and that death occurred at **1 p.m.**, from the causes and on the date stated above.

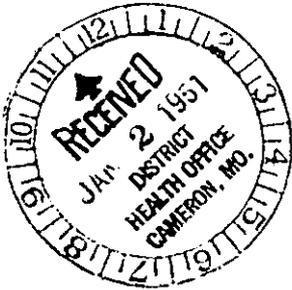
23a. SIGNATURE W. McFord (Degree or title)		23b. ADDRESS Cameron Mo		23c. DATE SIGNED 12-26-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/26-50		24c. NAME OF CEMETERY OR CREMATORY Graceland		24d. LOCATION (City, town, or county) (State) Cameron Mo.	
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DATE REC'D BY LOCAL REG. 12-26-50		REGISTRAR'S SIGNATURE Winifred W. Moser		FUNERAL DIRECTOR'S SIGNATURE DeMoss		ADDRESS CRUNK Cameron Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Ken [Signature]*

Licensed Embalmer No. *25-33*

P. O. Address *Cameron 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.