

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4467**
Registrar's No. **164**

FILED MAR 5 1951

0396

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

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 164			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield		c. LENGTH OF STAY (In this place) 27 years		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2041 Benton				d. STREET ADDRESS (If rural, give location) 2041 Benton					
3. NAME OF DECEASED (Type or Print) Alzeretta K James			a. (First) K		b. (Middle) James		c. (Last)		
4. DATE OF DEATH February 24, 1951		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 14, 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John T Kirkpatrick			13b. MOTHER'S MAIDEN NAME Flavia Rosecrans			14. NAME OF HUSBAND OR WIFE Alfred P James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Alfred P James, Springfield, Mo.				ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) advanced years DUE TO (c) old age & senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4/20	
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) (m.)		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 Feb 24, 1951 , to Feb 24, 1951 , that I last saw the deceased alive on Feb 24, 1951 , and that death, occurred at 5:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degrees or title) Mary Jean Atcherson M.D.				23b. ADDRESS 318 St. Louis St. McDevitt		23c. DATE SIGNED 2-26-51			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Feb 26, 1951		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri			
DATE REC'D BY LOCAL REG. 2-27-51		REGISTRAR'S SIGNATURE W.E. Landley		25. FUNERAL DIRECTOR'S SIGNATURE Alma Sahmeyer		ADDRESS Springfield, Mo			

APR 24 1963

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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.