

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5013

State File No. 5-6

BIRTH NO.		REG. DIST. NO. 186		PRIMARY REG. DIST. NO. 4238		Registrar's No. 5-6	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION her own home				d. STREET ADDRESS (If rural, give location) North Hudson Street			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Steele		c. (Last) James		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 31, 1869	
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR 8 Months		11. UNDER 1 YEAR 7 Days		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hswi				10b. KIND OF BUSINESS OR INDUSTRY her home		11. BIRTHPLACE (State or foreign country) Jackson County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Dr. John Locke				13b. MOTHER'S MAIDEN NAME Agnes Hamilton		14. NAME OF HUSBAND OR WIFE Mr. D.B. James - 87 yrs	
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. none		17. INFORMANT'S SIGNATURE OR NAME Miss Nora Elliott Buckner, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X INTERVAL BETWEEN ONSET AND DEATH Several months 331X			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION X			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP). X		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from Jan 19, 1951, to Feb. 6, 1951, that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 11:55 PM from the causes and on the date stated above.							
23a. SIGNATURE John W. Robertson MD				23b. ADDRESS Buckner Missouri			
23c. DATE SIGNED Feb. 6, 1951							
24a. BURIAL CREMATION REMOVAL (Specify) burial		24b. DATE Feb. 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery		24d. LOCATION (City, town, or county) (State) Buckner Missouri	
DATE REC'D BY LOCAL REG. Feb. 8, 1951		REGISTRAR'S SIGNATURE James S. Craig		354 25. FUNERAL DIRECTOR'S SIGNATURE U.M. Kasper		ADDRESS Buckner Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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, and

working under my personal supervision.

Student Curtis E. Ludman
Student Embalmer

Student Embalmer No. 410

Signed Vernon R. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner 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.