

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8259

No. 300  
48

461

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Newell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newell</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>West Plains, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Main St.</u>			
3. NAME OF DECEASED a. (First) <u>Elara</u>		b. (Middle) <u>James</u>	
c. (Last) <u>Juna</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>4-26-1889</u>
9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR (Month) (Day)	IF UNDER 18 HRS. (Hour) (Min.) <u>729</u>	
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Ozark Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>A. B. James</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Wilson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Curret Juna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> <u>331x</u>	
17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Curret Juna, West Plains, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-20-51</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General cerebral arteriosclerosis</u>		<u>1940</u>	
DISEASE (c) <u>Right hemiplegia</u>		<u>1946</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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>March 7, 1949</u> to <u>2-21-1951</u> , that I last saw the deceased alive on <u>2-20-1951</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed Bohrer</u>		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>3-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-23-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u>		24d. LOCATION (City, town, or county) (State) <u>Paradise, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1951

DIVISION OF HEALTH OF MD.

Dist. No. 5 - Springfield

RECEIVED MAR 26 1951

Dist. File 351-682

Date Filed 3-26-51

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.

Signed \_\_\_\_\_

*D. D. Roberts*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3437

P. O. Address West Ham, Md.

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.