

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15236

State File No.

980
1

BIRTH NO. _____ REG. DIST. NO. 315 PRIMARY REG. DIST. NO. 6099 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie T. 5</u>		c. LENGTH OF STAY (If this place) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural #3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orpha</u> b. (Middle) <u>Jane</u> c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10, 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/13/1883</u>
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>U</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James R. Shields</u>		13b. MOTHER'S MAIDEN NAME <u>Sheba Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Lee Roy James</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Roy James, Greentop, Mo.</u> ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Lung</u>		<u>4 months</u>	
DUE TO (c) <u>Carcinoma of P. Artery</u>		<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>- Arteriosclerosis</u>		<u>8 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>175X</u>	
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>2</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 <u>12/10</u> , 19 <u>50</u> , to <u>4/10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>51</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree of title) <u>Edward M. Roberts M.D.</u>		23b. ADDRESS <u>Queen City, Mo.</u>	
23c. DATE SIGNED <u>4/12/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	
24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Riley, Kirksville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 16-51</u>		REGISTRAR'S SIGNATURE <u>Paul M. Riley</u>	

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

Date Received: APR 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-802
Date Filed: APR 25 1951

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 Embalmer No.....

Signed.....
Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Kirksville, 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.