

STANDARD CERTIFICATE OF DEATH

17429

State File No.

FILED JUN 13 1951

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4367 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse, Mo</u> <u>1720</u>	
c. LENGTH OF STAY (in this place) <u>45 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Williams</u> b. (Middle) <u>M</u> c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>18</u> <u>1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>4/13/83</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	IF UNDER 1 Hrs. <u>13</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Law</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>officer</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Pulski Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lewis James</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Mouser</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-24-0309</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Victor Merriman</u>	ADDRESS <u>Morehouse, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocarditis</u>		<u>2 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cachexia</u> DUE TO (c) <u>Cancer of Bladder</u>		<u>6 mos</u> <u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>7-7-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Bladder</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-1950, to 4-30-1951, that I last saw the deceased alive on 4-30-1951, and that death occurred at 7:30P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul B. ...</u> (Degree or title)	23b. ADDRESS <u>Case ...</u>	23c. DATE SIGNED <u>5-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-7-51</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Sheeter</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Larry James</u>	ADDRESS <u>...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *John Allington*

Licensed Embalmer No. *3941*

P. O. Address *Ashton 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.