

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17509

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>4396</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Pemiscot</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Wardell</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Pemiscot</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Wardell</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. 1</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Public Place</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1951</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>WILLIAM</b>		b. (Middle) <b>VICKERS</b>		c. (Last) <b>JAMES</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>4-4-22</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Holland, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W. O. James</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Vickers</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. W. O. James Wardell, Mo.</b>			
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) <b>Coronary Occlusion</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>4201</b>				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James A. Dabson Coroner</b>				23b. ADDRESS <b>Wardell, Mo.</b>		23c. DATE SIGNED <b>5-20-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-22-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple</b>		24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-31-51</b>		REGISTRAR'S SIGNATURE <b>John W. German</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jimmy Osburn</b>		ADDRESS <b>Funeral Home Wardell, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

780  
3

6-51-144

JUN 8 1951

JAN - 2 1951

S. B. Beecher, M. D.,  
Pettis County Health Department,  
Barthersville, Missouri

JUN 6 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed James A. Osburn

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.