

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20793**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY OR TOWN East Prairie		c. CITY OR TOWN East Prairie 6371	
c. LENGTH OF STAY (in this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print)	a. (First) DORA	b. (Middle) MAY	c. (Last) JAMES	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 22, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR 2 Months 26 Days	IF UNDER 4 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) Paducah, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Backridge Roach	13b. MOTHER'S MAIDEN NAME Mollie Linkaid	14. NAME OF HUSBAND OR WIFE William M. James
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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) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Pauline Hooten - East Prairie, Mo.	18. ADDRESS East Prairie, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Acute Insufficiency		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **May 18, 1951**, to **May 18, 1951**, that I last saw the deceased alive on **May 18, 1951**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE G.S. Martin M.D. (Degree or title)	23b. ADDRESS East Prairie, Mo.	23c. DATE SIGNED 5-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-20-51	24c. NAME OF CEMETERY OR CREMATORY Dogwood	24d. LOCATION (City, town, or county) (State) Miss. Co. Mo.
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DATE REC'D BY LOCAL REG. 6-13-51	REGISTRAR'S SIGNATURE Bertrude G. Harper	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Shelby East Prairie, Mo.	ADDRESS East Prairie, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

671

JUN 15 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUN 15 1951

JUN 15 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.

Student
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2926

P. O. Address East Prairie, 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.