.S. No. 300
EV. 10-48

FILED JUL 2 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20813

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 21

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

1. PLACE OF DEATH
a. COUNTY Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Madison
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Madison 0690
d. STREET ADDRESS (If rural, give location) R.R.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Lee c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year) 5-26-1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7/23/1893
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Holliday, Mo RR
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Aaron L James
13b. MOTHER'S MAIDEN NAME Belle Kipper
14. NAME OF HUSBAND OR WIFE Bracie Haley-James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME W.H. James 702 N. Moulton ADDRESS Moberly Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Arterial Hypertension — 6 yrs

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 443X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, *to* Dec. 22, 1950, *that I last saw the deceased alive on* Dec 22, 1950, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE W.H. Clough (Degree or title) MD
23b. ADDRESS Moberly Mo
23c. DATE SIGNED May 29 '51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5/28/51
24c. NAME OF CEMETERY OR CREMATORY Sweet Hill
24d. LOCATION (City, town, or county) (State) Madison Monroe Mo

DATE REC'D BY LOCAL REG. 6-10-51
REGISTRAR'S SIGNATURE Anna M. Burditt
25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson ADDRESS Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1951

Date Received: JUN 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1167
Date Filed: JUN 29 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 Mr. Fred A. Hampson

Licensed Embalmer No. 3282

P. O. Address Madison, Ky

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.