

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Dr. Calloway, Jr.

State File No. **26613**

Registrar's No. **730**

FILED SEP 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>730</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0396</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u> <u>2039</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist hosp</u>				d. STREET ADDRESS (If rural, give location) <u>6521 S. West Ave.</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BEN</u>		b. (Middle)		c. (Last) <u>JAMES</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-28-1904</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Can Co.</u>		9. AGE (In years last birthday) <u>46</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u> <u>U</u>	
13a. FATHER'S NAME <u>Charles R. James</u>				13b. MOTHER'S MAIDEN NAME <u>Mildred O'Conner</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia James</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia James, St. Louis, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiectasis, bilateral</u> 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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</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) (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 <u>Aug 18, 1951</u> , to <u>Aug 24, 1951</u> , that I last saw the deceased alive on <u>Aug 24, 1951</u> , and that death occurred at <u>6:00a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Calloway Jr. M.D.</u>				23b. ADDRESS <u>Holland Bldg, Springfield, Mo</u>		23c. DATE SIGNED <u>8/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Festus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-28-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman H. Lohmeyer, Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Lucas T. Bradley

Licensed Embalmer No. *4815*

P. O. Address *Longhill*

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.