

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27845**

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 44			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) St. James		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St James		d. STREET ADDRESS (If rural, give location) MO 0810			
3. NAME OF DECEASED a. (First) Christopher				b. (Middle) Dewitt		c. (Last) John			
4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1951				5. SEX M				6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				8. DATE OF BIRTH July 17, 1869		9. AGE (In years last birthday) 82			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maries Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Marcus John			13b. MOTHER'S MAIDEN NAME Polly Moreland			14. NAME OF HUSBAND OR WIFE Molly John			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) ✓		16. SOCIAL SECURITY NO. r		17. INFORMANT'S SIGNATURE OR NAME Jewell Dillan				ADDRESS St. James 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH 30 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive vascular disease							
		DUE TO (c) Generalized arteriosclerosis							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201					
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 Aug 13, 1951 , to Aug 13, 1951 , that I last saw the deceased alive on Aug 13, 1951 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James J. Butts M.D. St. James Mo.				23b. ADDRESS St. James Mo.			23c. DATE SIGNED 8/16/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16, 51		24c. NAME OF CEMETERY OR CREMATORY Broadway Cem.		24d. LOCATION (City, town, or county) (State) Maries Co. Mo.			
DATE REC'D BY LOCAL REG. Aug 17, 51		REGISTRAR'S SIGNATURE Cara Birmingham			25. FUNERAL DIRECTOR'S SIGNATURE Oruel E. Lickeler				
					ADDRESS St James Mo				

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Orrell E. Licklider* _____

Licensed Embalmer No. *3546* _____

P. O. Address *St James 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.