

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30754

State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Linn.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	<u>0582</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 W Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>212 West Clayton</u>	

3. NAME OF DECEASED (Type or Print) <u>Charlie</u>	a. (First)	b. (Middle)	c. (Last) <u>James</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4 1951</u>
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5. SEX <u>M-2-Negro</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married/Divorced</u>	8. DATE OF BIRTH <u>Aug 23 1909</u>	9. AGE (In years last birthday) <u>42-1-11</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Laclede, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Al James</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Florence James</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-16-5506</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Mae Clark</u> ADDRESS <u>K.C., Mo</u>
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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.	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Probably acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>431X</u>
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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)
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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?
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22. I hereby certify that I attended the deceased from Called to home, 1951, that I last saw the deceased alive on Sept 3, 1951, and that death occurred at home, from the causes and on the date stated above.

23. SIGNATURE <u>Dale Bunch</u> (Degree or title)	23b. ADDRESS <u>3 Marvin</u>	23c. DATE SIGNED <u>9/8/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-13-51</u>	REGISTRAR'S SIGNATURE <u>J.B. Erwin</u>	167	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Standen</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0582

SEP 27 1951

SEP 17 1951
Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1650
Date Filed: SEP 17 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: James B. McCalland

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.