

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36589

State File No.

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>3168</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>612 Morriether</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>C.</u>		c. (Last) <u>JAMES</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 25, 1899</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jackson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Davis James</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Merritt</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie James</u>			
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>491-07-3364</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dollie James Cape Girardeau, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gallbladder</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u>	
19a. DATE OF OPERATION <u>31 Oct 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Gallbladder - Metastasis to Stomach</u>				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) (Min.)		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 <u>24 Oct 1951</u> , to <u>7 Nov 1951</u> , that I last saw the deceased alive on <u>7 Nov 1951</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. O. Keating M.D.</u>				23b. ADDRESS <u>709 Broadway Cape Girardeau</u>		23c. DATE SIGNED <u>7 Nov 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights Cent.</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-11-51</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. L. Hansen Cape Girardeau Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 19 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Howard B. Homan

Licensed Embalmer No. 412

P. O. Address Superintendent, 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.