

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11852

State File No. ....

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6284 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2-USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montgomery Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montgomery</u> <u>1140</u>	
c. LENGTH OF STAY (in this place) <u>82 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>10 Mi North E. St. George</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Delcour</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-6-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Delcour</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Jane Delcour</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>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Delcour</u> ADDRESS <u>St. George, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infection</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular Renal disease</u> 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"/>
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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) <u>442X</u>
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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?
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22. I hereby certify that I attended the deceased from 3-2, 1952, to 3-10, 1952, that I last saw the deceased alive on 3-9, 1952, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Worthington M.D.</u>	23b. ADDRESS <u>Hartsville Mo</u>	23c. DATE SIGNED <u>3-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. George, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-21-52</u>	REGISTRAR'S SIGNATURE <u>E. J. Garner</u> <u>346</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Haldeen</u> ADDRESS <u>Hartsville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTERED MAR 22 1952  
WRIGHT CO. HEALTH DEPT.  
County File Number 322-38  
Date Filed 3-22-52

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 Gene E. Waldren

Licensed Embalmer No. 3865

P. O. Address Hasterville, 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.