

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36016**
Registrar's No. **63**

BIRTH NO. **FILED OCT 25 1952** REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6012**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Chariton Twp.		c. LENGTH OF STAY (in this place) 62 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Hubbard		d. STREET ADDRESS (If rural, give location) near Hubbard	

3. NAME OF DECEASED (Type or Print) a. (First) Martha	b. (Middle) Paris	c. (Last) James	4. DATE OF DEATH (Month) (Day) (Year) October 21 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 10, 1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) St. Louis Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Vincent Henderson	13b. MOTHER'S MAIDEN NAME Sarah McKnight	14. NAME OF HUSBAND OR WIFE Wallace Wack James
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rolland Reynolds; Clifton Hill, Mo
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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) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage		
	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 331X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **10-15**, 19**52**, to **10-21**, 19**52**, that I last saw the deceased alive on **10-21**, 19**52**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Noel Rains	23b. ADDRESS D.O. Clifton Hill, Mo.	23c. DATE SIGNED 10-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-23-1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24d. LOCATION (City, town, or county) (State) N. of Clifton Hill, Missouri
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DATE REC'D BY LOCAL REG. 10-25/52	REGISTRAR'S SIGNATURE Ms. D. A. Barshart	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Patton Huntville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1953

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Ala.

- 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.