

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43131

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5993 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Medicine</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 '52</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1867-12-11</u>
9. AGE (In years) <u>74</u>	10. UNDER 1 YEAR <u>1</u>	11. UNDER 1 MONTH <u>1</u>	12. UNDER 1 HOUR <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Widow</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
13a. FATHER'S NAME <u>John W. Howard</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha JANE WHITE</u>	14. NAME OF HUSBAND OR WIFE <u>SEIGLE JAMES</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Van Buskirk</u> ADDRESS <u>Lucane, Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>arterial hypertension</u> 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 <u>11/15</u> , 19 <u>52</u> , to <u>11/20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/17</u> , 19 <u>52</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Wine Sr.</u> (Degree or title)		23b. ADDRESS <u>Harris, Mo.</u>	23c. DATE SIGNED <u>11/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 22</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOWARD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-12-52</u>	REGISTRAR'S SIGNATURE <u>Marwell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Husted</u>	ADDRESS <u>Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

860
1

0860

266

JAN 27 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 _____

working under my personal supervision.

Student Embalmer No.

Signed G. O. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.