U.S. No. 300
Rev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1080

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 14

0396

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508½ College Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 508½ College Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle): ALBERT
c. (Last): McJIMSEY

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 5, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced
**8. DATE OF BIRTH**: Oct. 12, 1899
**9. AGE** (In years last birthday): 53 — If under 1 year: Months 2, Days 17; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Electrician
**10b. KIND OF BUSINESS OR INDUSTRY**: Electricity
**11. BIRTHPLACE** (State or foreign country): Hickory Creek, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Alexander McJimsey
**13b. MOTHER'S MAIDEN NAME**: Melinda Wicker
**14. NAME OF HUSBAND OR WIFE**: Edna McJimsey (Divorced)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Oscar Blalock — ADDRESS: Springfield, Mo

**MEDICAL CERTIFICATION**

**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): Probably Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.*

UNATTENDED BY A PHYSICIAN

4201

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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) m.
**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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__,~~ and that death occurred at about 10:00 p m., from the causes and on the date stated above.

**23a. SIGNATURE**: Beth Williamson — Deputy Registrar of Vital Statistics (Degree or title)
**23b. ADDRESS**: Springfield, Missouri
**23c. DATE SIGNED**: 1/6/1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1/8/1952
**24c. NAME OF CEMETERY OR CREMATORY**: East Lawn Cemetery
**24d. LOCATION** (City, town, or county) (State): Springfield, Missouri

**DATE REC'D BY LOCAL REG.**: 1-6-53
**REGISTRAR'S SIGNATURE**: Beth Williamson — Deputy Registrar
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Ayre-Goodwin Funeral Service Spgfld, Mo.,

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Harry Clyne

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.