

FILE FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3285

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 0750
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)		a. STATE Illinois
St. Louis, Mo.		b. COUNTY Adams		c. CITY (If outside corporate limits, write RURAL and give township) Quincy 8120
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 318 So. 18th St. 8		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Guido			b. (Middle) MNM	
c. (Last) James			Date of Death 1 21 53	
5. SEX 0	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.
Male	White	Married	Jan. 18, 1878	75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)
Cartoonist		Newspaper		Quincy, Ill.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		
U.S.		George H. James		
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
Lina Benneson		Mary		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS
No		357-18-6316		Mary James, Quincy, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Peritonitis		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH few days		
ANTECEDENT CAUSES		DUE TO (b) Mesentary vein thrombosis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>
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 5702
22. I hereby certify that I attended the deceased from 1/21/53, 1953, to 1/21, 1953, that I last saw the deceased alive on 1/21, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED
E. J. Varnell, M.D.		BARNES HOSPITAL		1/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY
Removal		1-22-53		24d. LOCATION (City, town, or county) (State)
Quincy, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE REC'D BY LOCAL REG. JAN 22 1953		REGISTRAR'S SIGNATURE J. Earl Smith, md		Albert H. Hoppe, 4700 Washington Blvd.

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

John S. Dennehy
Licensed Embalmer No. 9199

P. O. Address _____

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.