

STANDARD CERTIFICATE OF DEATH

State File No. **17022**

FILED MAY 21 1953

BIRTH NO.

REG. DIST. NO. **32**PRIMARY REG. DIST. NO. **5711**Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY BOLLINGER 0090			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BOLLINGER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY		c. LENGTH OF STAY (in this place) LIFETIME	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY 0090		d. STREET ADDRESS (If rural, give location) NEAR LUTESVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR LUTESVILLE			d. STREET ADDRESS (If rural, give location) NEAR LUTESVILLE		
3. NAME OF DECEASED (Type or Print) a. (First) Francis		b. (Middle) Elizabeth	c. (Last) James.	4. DATE OF DEATH (Month) (Day) (Year) May 10 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14- 1875		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: 25 MONTHS IF UNDER 24 HRS.: 11 HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bollinger Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Edward Eaker		13b. MOTHER'S MAIDEN NAME Shelton	14. NAME OF HUSBAND OR WIFE W L James		
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. None	17. INFORMANT'S SIGNATURE OR NAME Wm. Eaker		ADDRESS Lutesville
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia	ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage				
	DUE TO (c) Atherosclerosis				
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? 331X 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 4/2 / 45, 19 , to 5/9, 1953 , that I last saw the deceased alive on 5/6 / 53, 19 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John F. Myers M.D.			23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 5/11/53
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 5-12-53	24c. NAME OF CEMETERY OR CREMATORY Cane Creek	24d. LOCATION (City, town, or county) (State) Near Lutesville, Mo		
DATE REC'D BY LOCAL REP. 6-7-53	REGISTRAR'S SIGNATURE Willie Van Amburgh	25. FUNERAL DIRECTOR'S SIGNATURE Eaker	ADDRESS Funeral Home, Lutesville, 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

C. J. Baker

Licensed Embalmer No. 3573

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.