

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23836**

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5043** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Sugar Creek)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Sugar Creek)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) E. c. (Last) James			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1867	9. AGE (In years) (Months) (Days) 86	10. CITIZEN OF WHAT COUNTRY USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eva James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva. James-Seligman, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Hypertensive Crisis - Selective Heart Disease 3 years			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 4200		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 **Feb. 20, 1950**, to **7-7-1953**, that I last saw the deceased alive on **7-7-1953**, and that death occurred at **4 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Edwards D. M. D.		23b. ADDRESS Regus Ark		23c. DATE SIGNED 7-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-1953		24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	
24d. LOCATION (City, town, or county) (State) Seligman, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Culver - Cassville, Mo.		DATE REC'D BY LOCAL REG. 7-17-1953	
REGISTRAR'S SIGNATURE Grace Williams		10-0			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

250
1

AUG 5 1922

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Caswille

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.