

10.300
10.48

FILED JUL 27 1953

STANDARD CERTIFICATE OF DEATH

24547

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4218 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, name before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winchester</u> <u>0430</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 E. Colt</u>		d. STREET ADDRESS (If rural, give location) <u>208 E. Colt</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Henry</u> c. (Last) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 3, 1884</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Town</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Benjamin J. James</u>	13b. MOTHER'S MAIDEN NAME <u>Maude E. Spaulding</u>	14. NAME OF HUSBAND OR WIFE <u>Martha James</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-07-4307</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha James</u> ADDRESS <u>Winchester, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Bronchitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -- DUE TO (b) <u>Chronic Vascular Disease</u> DUE TO (c) <u>Bronchopneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>241X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>7-18-53</u>	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 6-23, 1953, to 7-18, 1953, that I last saw the deceased alive on 7-18, 1953, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Jennings MD</u> (Degree or title)	23b. ADDRESS <u>Winchester, Mo.</u>	23c. DATE SIGNED <u>7-18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Bethel Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Hershberger</u> ADDRESS <u>Marshall Mo</u>
DATE REC'D BY LOCAL REG. <u>July 18-53</u> REGISTRY SIGNATURE <u>Florence</u>		

(License 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 _____

Licensed Embalmer No. _____

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.