

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4199 Registrar's No. 102

380

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall, Missouri</u>	
c. LENGTH OF STAY (If this place) <u>2 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>William Keith</u> b. (Middle) <u>James</u> c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-27-53</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-28-1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 HR. Hours   Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. of Schools</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McFall, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Marmaduke James</u>		13b. MOTHER'S MAIDEN NAME <u>Lenora Gash Bowen</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Pearl James</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War #1</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Pearl James, McFall, Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
		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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Aug. 27, 1953, to Aug. 27, 1953, that I last saw the deceased alive on Aug. 27, 1953, and that death occurred at 9:30A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. K. Williams, M.D.</u>		23b. ADDRESS <u>Winston, Mo.</u>		23c. DATE SIGNED <u>9-2-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winston, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 3-53</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pattonsburg, Mo.</u>		ADDRESS	
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Sept 3-53

MAR 17 1954

SEP 28 1953

SEP 11 1953

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 *Louis Guest*

Licensed Embalmer No. *4096*

P. O. Address *Paterson*

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.