

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

29531

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

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 266

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>25 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1206 South Quincy</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>1206 South Quincy</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>BARCIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>JAMES</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug. 22, 1953</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 16, 1903</u>	<b>9. AGE</b> (In years last birthday) <u>50</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home-making</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cole County, Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>James Monroe Scott</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Abbie E. Campbell</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lawrence F. James</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>*****</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Lawrence F. James, Sedalia, Mo.</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Leukemia, lymphatic, acute</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 mos.</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>2040</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** June 1953, to Aug 21, 1953, that I last saw the deceased alive on Aug. 21, 1953, and that death occurred at 9:00 AM., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Deceased or title) <u>E. R. Rhodes, M.D.</u>	<b>23b. ADDRESS</b> <u>312 1/2 S. Ohio, Sedalia, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8/26/53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>8/25/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sedalia, Mo.</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>8/26/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>A. J. Campbell</u>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>W. J. McPherson, Sedalia, Mo.</u>
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251-8 (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

*R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address

*Sedalia Mo*

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.