

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36436

State File No. ....

FILED NOV 2- 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 582

581  
0

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN 0581</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		c. LENGTH OF STAY (in this place) <u>1 WK</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		d. STREET ADDRESS (If rural, give location) <u>MARCELINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINA</u> b. (Middle) <u>ANGELINE</u> c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>17</u> (Year) <u>53</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>10-17-1871</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON Co. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>			

13a. FATHER'S NAME <u>William Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha Sportsman</u>		14. NAME OF HUSBAND OR WIFE <u>Simon James (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GOLDIE CHANDLER</u> ADDRESS <u>MARCELINE, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Concussion severe + Brain damage</u>		ANTECEDENT CAUSES				E 8 12 4	
DUE TO (b) <u>Head Injury, severe</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				25	
DUE TO (c) <u>severe lacerations forehead</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>Compound comminuted fractures tibiae &amp; fibulae</u>				both	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Marceline, Missouri + Chariton</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marceline Linn Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 10, 1953 6:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Automobile</u>	

22. I hereby certify that I attended the deceased from 10-10, 1953, to 10-17, 1953, that I last saw the deceased alive on 10-17, 1953 and that death occurred at 7:30 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Quinn M.D.</u>		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>10-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	
24d. LOCATION (City, town, or county) (State) <u>MARCELINE Mo</u>					

DATE REC'D BY LOCAL REG. <u>10/19/53</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Quinn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John McLaughlin</u> ADDRESS <u>Marceline, Mo</u>	
--	--	--	--	--	--

(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 George J. Kramer

Licensed Embalmer No. 4725

P. O. Address 600 E. Santa Fe

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.

Marceline, Kansas