

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38049

State File No. 362

FILED OCT 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 4612 Registrar's No. \_\_\_\_\_

1060  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Taney</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bramson</u>		c. LENGTH OF STAY (In this place) <u>59 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bramson</u>		1060
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Am Street</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lanni</u> c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-2-1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAXI</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAXI</u>	11. BIRTHPLACE (State or foreign country) <u>Bramson MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Colvin James</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Belle Sigel</u>	14. NAME OF HUSBAND OR WIFE <u>Ata E. Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-I</u>		16. SOCIAL SECURITY NO. <u>WV-#1</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard James Bramson 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronary Thrombosis</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
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) <u>4201</u>			
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 <u>10-17</u> , 19 <u>53</u> , to <u>10-17</u> , 19 <u>53</u> , that I last saw the deceased <u>alive on 10-17</u> , 19 <u>53</u> , and that death occurred <u>1235 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. M. H. ...</u>			23b. ADDRESS <u>...</u>		23c. DATE SIGNED <u>10-17-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bramson</u>	24d. LOCATION (City, town, or county) (State) <u>Bramson MO</u>		
DATE REC'D BY LOCAL REG. <u>10-18-53</u>	REGISTRAR'S SIGNATURE <u>J. C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. O. ... Bramson MO</u>		

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**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 Minnie L. Wheeler

Licensed Embalmer No. 2277

P. O. Address Brown

**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.