

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45072**
6128
Registrar's No.

FILED JAN 22 1954

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Tulsa				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 12 hours		c. CITY OR TOWN Tulsa		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 3180 South Florence Place				
3. NAME OF DECEASED (Type or Print) a. (First) JOANNE		b. (Middle)		c. (Last) JAMES		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Nov. 16, 1948		9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5 Days	IF UNDER 4 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tulsa, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Heberd James, Jr.			13b. MOTHER'S MAIDEN NAME Burleigh Wolferman			14. NAME OF HUSBAND OR WIFE -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bert Wolferman, 1257 W. 57th, K.C. MO.				
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) Shock, irreversible. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) lacerated spleen, head injury, DUE TO (c) ruptured stomach with extravasation of all stomach contents				INTERVAL BETWEEN ONSET AND DEATH 5-16 hours		
19a. DATE OF OPERATION 12-29-53		19b. MAJOR FINDINGS OF OPERATION as above.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) near Barnett, Kansas on Highway # 169.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME (Month) (Day) (Year) (Hour) about 3 P.M., 12-29-53.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car accident car & truck				
22. I hereby certify that I attended the deceased from 12-28, 1953 , to 12-29, 1953 , that I last saw the deceased alive on 12-29, 1953 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Richard A. Twyman (Degree or title) M.D.				23b. ADDRESS 1314 Professional Bldg, K.C. MO.		23c. DATE SIGNED 12-30-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 12-31-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Family Mausoleum		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 12-30-53		REGISTRAR'S SIGNATURE Maldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri				

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

Dr. Richard A. Terryman
General Embalmer
St. Louis

Wed. 8:00 PM
9:30
11:30

irreversible

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.....
Signature of Student Embalmer

Signed..... *J. Crowell*

Licensed Embalmer No. 490

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.