

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

THE DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

11150

FILED MAY 3 1954

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (In this place) <u>6 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		<u>0061</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Barton County Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>602 Grand</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CAROL</u>		b. (Middle) <u>SUE</u>		c. (Last) <u>JAMES</u>	
				4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1954</u>			
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>February 22, 1938</u>	
				9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months Days IF OVER 1 HR. Hours Min.	
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>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT U. S. COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Claude Higgins</u>			13b. MOTHER'S MAIDEN NAME <u>Mae Keen</u>			14. NAME OF HUSBAND OR WIFE <u>Ray James</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Claude Higgins, Lamar, 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post partum hemorrhage</u>				<u>6 h</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>a. Toxic tetanus</u>					
		DUE TO (c) _____					
		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>6756</u>				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>Lamar Mo. Barton Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>April 29, 1954</u> , to <u>April 30, 1954</u> , that I last saw the deceased alive on <u>4-30</u> , 1954, and that death occurred at <u>1630</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D.P. Reeddecker M.D.</u>				23b. ADDRESS <u>Lamar Mo.</u>		23c. DATE SIGNED <u>5-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlaw Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 1 1954</u>		REGISTRAR'S SIGNATURE <u>Maria Korantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Child</u>		ADDRESS <u>Lamar Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Clarence H. Chiles*

Licensed Embalmer No. \_\_\_\_\_

*2473*

P. O. Address \_\_\_\_\_

*Lamat Md*

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.