

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 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 CRAIG	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 5-DAYS	c. CITY OR TOWN BLUE JACKET	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		e. STREET ADDRESS (If rural, give location) 8350 8	

3. NAME OF DECEASED (Type or Print) a. (First) J b. (Middle) C. c. (Last) JAMES			4. DATE OF DEATH (Month) (Day) (Year) MAY-29-1954		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH NOV-8-1893	9. AGE (In years last birthday) 58.60	10. UNDER 1 YEAR Months	10. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and State or Foreign Country) SONORA, TEXAS-1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME LUTHER MORGAN JAMES		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE MRS. JUANITA JAMES	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 445-01-9447		17. INFORMANT'S SIGNATURE OR NAME Mrs. JUANITA JAMES		ADDRESS BLUE JACKET, OKLA.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Eucephalomalacia</u>				INTERVAL BETWEEN ONSET AND DEATH weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis</u>	
		DUE TO (c) _____				years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				332X	

19a. DATE OF OPERATION 5-27-54	19b. MAJOR FINDINGS OF OPERATION Necrotic brain tissue -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 5-25, 1954, to 5-29, 1954, that I last saw the deceased alive on 5-28, 1954, and that death occurred at 8:45 AM., from the causes and on the date stated above.

23a. SIGNATURE Walter F. Wilhelm (Degree or title) 0		23b. ADDRESS 107 W Linwood KC, Mo		23c. DATE SIGNED 5/29/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY-30-1954	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) VINITA OKLAHOMA (State)
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DATE REC'D BY LOCAL REG. 5-29-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE DW. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 16 1966

9 40N 514

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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *KE. Sm*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.