

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19751**

FILED JUN 23 1954

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>4358</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Lilbourn</u>		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				e. STREET ADDRESS (If rural, give location) <u>07210</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u> b. (Middle) _____ c. (Last) <u>James</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 15 1875</u>			
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly Tennessee</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>									
13a. FATHER'S NAME <u>William James</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca McMackin</u>		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.C. James St. Louis, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism - Pneumonia</u>  ANTECEDENT CAUSES Morbidity 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	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Nov. 12, 1952</u> , to <u>6-13, 1954</u> , that I last saw the deceased alive on <u>6-13, 1954</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Claude H. Briston M.D.</u>				23b. ADDRESS <u>Lilbourn, Mo.</u>		23c. DATE SIGNED <u>6-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lilbourn Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-18-54</u>		REGISTRAR'S SIGNATURE <u>H. I. Ponder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home Lilbourn, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Homer L. Ponder*.....

Licensed Embalmer No. *336*.....

P. O. Address *Lilbourn*.....

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.