

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27906

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hickman Mills, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. Indep. Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Howard</u>		c. (Last) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-54</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>9-15-1857</u>		9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob W. James</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor E. Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Louis 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. .....		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Montova Cummins, Hickman Mills</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular</u> <u>follow a fall</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>acute nephritis</u> rise to the above cause (a), stating the underlying cause last. DUE TO (c) <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic lungs</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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>8-31</u> , 19 <u>54</u> , to <u>8-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>54</u> , and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Keith M.D.</u>				23b. ADDRESS <u>704 Angyle Rd</u>		23c. DATE SIGNED <u>8-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27 '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palestine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-27-54</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George &amp; Sons, Grandview, Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side) R. E. George

**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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Bellton, 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 this body is not embalmed, fact should be so stated above.