

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29737

BIRTH NO.		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5231</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre</u>		<u>0040</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 miles West of Vandalia</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles West of Vandalia</u>			
3. NAME OF DECEASED (Type or Print) <u>Cora</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 29, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 28, 1882</u>	
9. AGE (In years, months, days, hours, minutes) <u>72</u>		10. 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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gazette, Missouri</u>	
11a. FATHER'S NAME <u>Jasper Newton Lovelace</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah Evelyn Trower</u>		11c. NAME OF HUSBAND OR WIFE <u>Frank James</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>None</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Frank James, Vandalia, Mo</u>		ADDRESS	
16. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Vascular sclerosis</u> 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 <u>1.5 min.</u> <u>10 yrs.</u>	
17a. DATE OF OPERATION		17b. MAJOR FINDINGS OF OPERATION <u>4201</u>				18. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. ACCIDENT SUICIDE HOMICIDE (Specify)		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
20a. TIME OF INJURY (Month) (Day) (Year) (Hour)		20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20c. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from <u>9/27</u> , 1954, to <u>9/29</u> , 1954, that I last saw the deceased alive on <u>9/29</u> , 1954, and that death occurred at <u>2:00</u> a.m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>G. R. Donahue, DO</u>				22b. ADDRESS <u>2 Vandalia, Mo.</u>		22c. DATE SIGNED <u>10-2-54</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		23b. DATE <u>Oct 1, 1954</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Audrain, Missouri</u>	
24a. DEC'D BY LOCAL REG. <u>Oct 2 1954</u>		24b. REGISTRAR'S SIGNATURE <u>Malhe Fugua</u>		24c. FUNERAL DIRECTOR'S SIGNATURE <u>William O. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

William B. Waters

Licensed Embalmer No. *4169*

P. O. Address *Vandalia 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.