

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32422**
Registrar's No. **2377**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY OR TOWN Clayton, Mo.		c. CITY OR TOWN Cotton Hill	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place township) 2 weeks		STREET ADDRESS (If rural, give location) RFD 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jake (Jacob) M. b. (Middle) James c. (Last) James			4. DATE OF DEATH (Month) (Day) (Year) 10 - 7 - 54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH April 28, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John James	13b. MOTHER'S MAIDEN NAME Sally Lacy	14. NAME OF HUSBAND OR WIFE Unavailable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Elson James ADDRESS 7215 Jenwood

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior sclerotic HT. Dis. Prob. Infant		INTERVAL BETWEEN ONSET AND DEATH ?
	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. Gastric Carcinoma 2 liver metastases 4200H		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fungating adenocarcinoma of stomach & liver & metastatic metastases	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 **9-23**, 19**54**, to **10-7**, 19**54**, that I last saw the deceased alive on **10-7**, 19**54**, and that death occurred at **9:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack L. Hagadorn MD. (Degree or title)	23b. ADDRESS 601 S Brentwood	23c. DATE SIGNED 10/7/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-14-54	24c. NAME OF CEMETERY OR CREMATORY Malden Park Memorial
		24d. LOCATION (City, town, or county) (State) Malden, Mo.

DATE REC'D BY LOCAL REG. 10/11/54	REGISTRAR'S SIGNATURE Herbert S. ...	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.
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(Licensed Embalmer's Signature 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
Signature of Student Embalmer

Signed *Eaton R. Penelick*

Licensed Embalmer No. *428*

P. O. Address *St. Louis,*

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.