

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34742

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>251</u>	PRIMARY REG. DIST. NO. <u>5846</u>	Registrar's No. <u>253</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elmo - rural Lincoln</u>		c. CITY OR TOWN <u>Elmo</u>		d. In Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>B</u>
4. LENGTH OF STAY (in this place) <u>45 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>4 miles northeast</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u>		6740		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>OLA</u>		c. (Last) <u>JAMES</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 54</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>6/11/79</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elmo, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Elmas James</u>		13b. MOTHER'S MAIDEN NAME <u>Sydney Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Hopper 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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. O. James, Elmo, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Primary malignancy of hypo-pharynx</u>		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary malignancy of hypo-pharynx</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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 rise to the above cause (a) stating the underlying cause last.		DUE TO (a) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senility.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>147 X</u>		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) _____		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>Jan. 27, 1942</u> , to <u>Oct. 29, 1954</u> , that I last saw the deceased alive on <u>Oct. 28, 1954</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Harriet Ford D. O.</u>		23b. ADDRESS <u>Elmo, Missouri</u>		23c. DATE SIGNED <u>Nov. 2, 54</u>
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>10/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Braddyville</u>
24d. LOCATION (City, town, or county) (State) <u>Braddyville, Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-6-54</u>		REGISTRAR'S SIGNATURE <u>Ress Holtz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 1957

JUN 17 1957

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 *Curtis E. Kinley*

Licensed Embalmer No. *493*

P. O. Address *Manassas*

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.