

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12589

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5300 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grandriver Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Grandriver TWP.</u>	
c. LENGTH OF STAY (In this place) <u>9 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles S.E. Bedford.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Miles S.E. Bedford</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles S.E. Bedford.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 9 55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>2-5-1879</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Smithfield, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOSEPH W. JAMES</u>		13b. MOTHER'S MAIDEN NAME <u>JERUSHA HUMPHREY</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</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 <u>JOHN B. JAMES, RR#1, HAME, Missouri</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CORONARY THROMBOSIS</u> <u>CORONARY HEART DISEASE</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>5 yrs</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CORONARY THROMBOSIS</u> <u>CORONARY HEART DISEASE</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>5 yrs</u>	
This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CORONARY THROMBOSIS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <u>CORONARY HEART DISEASE</u>	
DUE TO (c) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) <u>Wheeling, Mo.</u>	
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 JAN 1950, to Apr 9, 1955, that I last saw the deceased alive on Apr 9, 1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.A. Bryan, M.D.</u>		23b. ADDRESS <u>Wheeling, Mo.</u>		23c. DATE SIGNED <u>4-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	
24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Chillicothe, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4/12/55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	
REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Chillicothe, Mo.</u>	

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

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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
Student Embalmer

Signed Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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.