No. 300
10.48

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RN-8645

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17865

State File No. .....

BIRTH NO. FILED JUN 24 1955 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 364

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 83 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Zalma
d. STREET ADDRESS (If rural, give location): 0090 1

3. NAME OF DECEASED (Type or Print)
a. (First): HOBART
b. (Middle): R.
c. (Last): JAMES

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15, 1897
9. AGE (In years last birthday): 58 — If under 1 year: Months 1, Days 3 — If under 1 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (City and State or Foreign Country): Zalma, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry L. James
13b. MOTHER'S MAIDEN NAME: Minnie B. Thomas
14. NAME OF HUSBAND OR WIFE: OPHA JAMES Zalma, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 491184450
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCLUSION

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 4201
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27-55, *19*___, *to* 6-18-55, *19*___, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 12:35pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Donham WILLIAM L. DONHAM, M.D. 0
23b. ADDRESS: VA Hospital Med. Sv. Poplar Bluff, Mo.
23c. DATE SIGNED: 6-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6- 20th55
24c. NAME OF CEMETERY OR CREMATORY: Baker Cemetery
24d. LOCATION (City, town, or county) (State): Lutesville, MO.

DATE REC'D BY LOCAL REG.: 6/21/55
REGISTRAR'S SIGNATURE: R K Minetree 489-55
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Baker Funeral Home, Lutesvill Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
6/23/55
BUTLER CO. HEALTH CENTER
FILE No._____

JUN 28 1955

JUN 28 1955

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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Fairfield Ohio

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.