

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18161

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5392		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Watkins typ		c. LENGTH OF STAY (In this place) 80 yrs		c. CITY OR TOWN Lenox		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION X				e. STREET ADDRESS (If rural, give location) Watkins typ 0230			
3. NAME OF DECEASED (Type or Print) James A Black			a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6-28-55		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-8-74	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME James C Black		13b. MOTHER'S MAIDEN NAME Martha Craddock		14. NAME OF HUSBAND OR WIFE Eva Black			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs Cora Eaves Lenox Mo ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic arteriosclerosis heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH unknown		4200	
19a. DATE OF OPERATION 7/1/55		19b. MAJOR FINDINGS OF OPERATION No 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 23, 1955, to June 23, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at 4 PM m., from the causes and on the date stated above.							
23a. SIGNATURE R. H. Hunt M.D.				23b. ADDRESS Salem, Mo		23c. DATE SIGNED 6/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-1-55		24c. NAME OF CEMETERY OR CREMATORY Black Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co Mo	
DATE REC'D BY LOCAL REG. 7-1-55		REGISTRAR'S SIGNATURE R. E. Mitchell, M.D. by M.E.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1954

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.....

Licensed Embalmer No. 937

P. O. Address.....

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.