

FILED JUN 17 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19387

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. CITY OR TOWN Macon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 26110
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 119 Sheridan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan			

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) STEPHEN	c. (Last) JAMES	4. DATE OF DEATH (Month) (Day) (Year) 6 4 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/21/1888	9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months 4 Days 13	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer	10b. KIND OF BUSINESS OR INDUSTRY Shoe Repairing	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas James	13b. MOTHER'S MAIDEN NAME Anna Jones	14. NAME OF HUSBAND OR WIFE Hazel Moss James
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 497-30-8913	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel James	ADDRESS Macon, Missouri
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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, asthma; etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Pulmonary Emphysema			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 1853 to 6-4, 1955 that I last saw the deceased alive on 6-4, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE James E. Campbell M.D.	(Degree or title) M.D.	23b. ADDRESS Macon Mo.	23c. DATE SIGNED 6/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/6/1955	24c. NAME OF CEMETERY OR CREMATORY Bloomington	24d. LOCATION (City, town, or county) (State) Bevier, Mo.
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DATE REC'D BY LOCAL REG. 6/10/55	REGISTRAR'S SIGNATURE Ruth M. Reedy	1955	25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Brown	ADDRESS Macon Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 17 1955

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.55.90
Date Filed 6.17.55

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 *R. Lester Bran*

Licensed Embalmer No. 44

P. O. Address *Macon*

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.