

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20125**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5282**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Oklahoma		b. COUNTY	
b. CITY OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Miami		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 617 N.W.			
3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE b. (Middle) ELLEN c. (Last) JAMES			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15, 1886	9. AGE (In years last birthday) 68yrs	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Mgr.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Carolton, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Yates		13b. MOTHER'S MAIDEN NAME Emma Averil	
14. NAME OF HUSBAND OR WIFE Russell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Self Employed	
17. INFORMANT'S SIGNATURE OR NAME Jack James		17. ADDRESS 720 Garfield Miami, Okla.			
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) Generalized Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 4200	
22. I hereby certify that I attended the deceased from 6-17-1955 , to 6-17-1955 , that I last saw the deceased alive on 6-17-1955 , and that death occurred at 8:15 pm. , from the causes and on the date stated above.					
23a. SIGNATURE <i>C. J. Vermillion, M.D.</i>			23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6-18-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 18, 1955		24c. NAME OF CEMETERY OR CREMATORY Miami Cemetery	
24d. LOCATION (City, town, or county) (State) Miami Oklahoma		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons 6175 Dalmar			
DATE REC'D BY LOCAL REG. JUN 18 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		ADDRESS S.P. (Licensed Embalmer's Statement on Reverse Side)	

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

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 *John E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *6175 Pl*.....

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.