

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21526**

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY OR TOWN Liberty	c. LENGTH OF STAY (In this place) 24 yrs	c. CITY OR TOWN Liberty	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 151 Hunt St		e. STREET ADDRESS (If rural, give location) 151 Hunt St., 600%	

3. NAME OF DECEASED (Type or Print)
a. (First) **BRAXTON** b. (Middle) _____ c. (Last) **JAMES**

4. DATE OF DEATH (Month) (Day) (Year) **July 24-55**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Dec. 1-1877** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Saloonkeeper** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Fulton Mo.** 12. CITIZEN OF WHAT COUNTRY? **0**

13a. FATHER'S NAME **John W. James** 13b. MOTHER'S MAIDEN NAME **Margaret McLowen** 14. NAME OF HUSBAND OR WIFE **Bessie May James**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Bessie M. James** ADDRESS **Liberty Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

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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 **5 days**

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) _____ 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 **July 19, 1955**, to **July 24, 1955**, that I last saw the deceased alive on **July 24, 1955**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Glenn W. Henderson MD** 23b. ADDRESS **Liberty, Mo** 23c. DATE SIGNED **7-25-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 26-55** 24c. NAME OF CEMETERY OR CREMATORY **Fairview** 24d. LOCATION (City, town, or county) (State) **Liberty Mo**

DATE REC'D BY LOCAL REG. **July 26, 1955** REGISTRAR'S SIGNATURE **Mabel Graham** 491 25. FUNERAL DIRECTOR'S SIGNATURE **Church-Crew** ADDRESS **Liberty Mo**

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 Lambert*.....

Licensed Embalmer No. *4448*.....

P. O. Address *Liberty*.....

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.