

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32462**BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **437**

1. PLACE OF DEATH a. COUNTY Cape Girardeau,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs		e. STREET ADDRESS (If rural, give location) 542 College Street 91640	
d. FULL NAME OF HOSPITAL OR INSTITUTION 542 College St.			
3. NAME OF DECEASED (Type or Print) a. (First) Isom b. (Middle) E. c. (Last) James			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1892
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker		10b. KIND OF BUSINESS OR INDUSTRY Lumber mill	11. BIRTHPLACE (City and State or Foreign Country) Grassie, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Caleb James		13b. MOTHER'S MAIDEN NAME Rebecah Robbins	14. NAME OF HUSBAND OR WIFE Elma Gibson 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. 499-03-1039	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elma James, Cape Girardeau, Mo.
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, ashenia, 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) Coronary Sclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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)	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 Nov. 12, 1954 , to Nov 10, 1955 , that I last saw the deceased alive on Nov 10, 1955 , and that death occurred at 5 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John Leroux		23b. ADDRESS Grand Cape Girardeau, Mo	23c. DATE SIGNED Nov 12, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-13-55	24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
DATE REC'D BY LOCAL REG. 11-12-55	REGISTRAR'S SIGNATURE L. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. H. Naman Cape Gir Mo

(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..... *G. A. Harmon*

Licensed Embalmer No. *Rt. Co.*

P. O. Address *Cape Girardeau*.....

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.