

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41174

State File No.

FILED JAN 10 1956

BIRTH NO. 89132-55 REG. DIST. NO. 16E PRIMARY REG. DIST. NO. 5605 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>2336 West Third</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Whiteman AF Base Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kristina</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>James</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 28 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>December 27, 1955</u>	9. AGE (In years last birthday) <u>0</u> MONTHS <u>1</u> DAYS <u>1</u>	IF UNDER 1 YEAR <u>0</u> HOURS <u>1</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Washington Township, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>John Holtzelaw James</u>	13b. MOTHER'S MAIDEN NAME <u>Sue Alice Holden</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John H. James</u> ADDRESS <u>2336 W 3rd, Sedalia, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>28 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>7625</u>	<u>28 hrs</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from Dec 27, 1955, to Dec 28, 1955, that I last saw the deceased alive on Dec 28, 1955, and that death occurred at 5:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul A. Doseh</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Whiteman AF Base Hospital</u>	23c. DATE SIGNED <u>28 Dec 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/29/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/29/55</u>	REGISTRAR'S SIGNATURE <u>Emma L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Old Weckart</u> ADDRESS <u>Sedalia, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 3 1956
JOHNSON COUNTY HEALTH DEPT.

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

Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. _____

4804

P. O. Address _____

Sedalia, Mo.

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 this body is not embalmed, fact should be so stated above.