

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15281**

FILED MAY 7 1956

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN NEWTOWN		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEM. HOSP.				e. STREET ADDRESS (If rural, give location) 1050 e			
3. NAME OF DECEASED (Type or Print) CHARLEY		a. (First)		b. (Middle)		c. (Last) JAMES	
4. DATE OF DEATH (Month) (Day) (Year) 4 25 1956		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 2-19-1870		9. AGE (In years last birthday) 86		10. MONTHS 2		11. DAYS 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Michael James		13b. MOTHER'S MAIDEN NAME Mary McAdams		14. NAME OF HUSBAND OR WIFE Mary Ann James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Levi James			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c) advanced arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. intertrochanteric fracture of left hip				INTERVAL BETWEEN ONSET AND DEATH 12 hr 10 yr 15 yr 4/16/56	
19a. DATE OF OPERATION 4/17/56		19b. MAJOR FINDINGS OF OPERATION fracture of left hip				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) home		21c. CITY, TOWN, OR TOWNSHIP Prenton, Grundy		21d. COUNTY MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 16 56		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? fell on floor			
22. I hereby certify that I attended the deceased from 4/16/56 , 19__, to 4/23/56 , 19__, that I last saw the deceased alive on 4/25/56 , 19__, and that death occurred at 9:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. W. Ware		(Degree or title) D.O.		23b. ADDRESS Harris Mo		23c. DATE SIGNED 4/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE April 28		24c. NAME OF CEMETERY OR CREMATORY Grav-Town		24d. LOCATION (City, town, or county) (State) Grav-Town, Mo	
DATE REC'D BY LOCAL REG. 5-3-56		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE James H. Dwyer			
				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

9561 11 708

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 *T. Howard Jenkins*.....

Licensed Embalmer No. *32*.....

P. O. Address *New York*.....

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.