

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26305**

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. 65		PRIMARY REG. DIST. NO. 5256		Registrar's No. 38		
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Brunswick "Rural")		c. LENGTH OF STAY (If in institution) 50 years		c. CITY OR TOWN Brunswick, "Rural"		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) 0210				
3. NAME OF DECEASED (Type or Print) a. (First) Ida Flora b. (Middle) Flora c. (Last) James			4. DATE OF DEATH (Month) 8 (Day) 22nd. (Year) 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-14-1889		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City, and State or Foreign Country) Dalton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Albert Grotjan			13b. MOTHER'S MAIDEN NAME Lena C. Munson			14. NAME OF HUSBAND OR WIFE Rufus James		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George James Brunswick, Missouri				
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* Carcinoma, spinal, metastatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, rectal 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 7 yrs 5 yrs	
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) (Min.) _____		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 7/6 , 19 56 , to 8/22 , 19 56 , that I last saw the deceased alive on 8/22 , 19 56 , and that death occurred at 8 A m., from the causes and on the date stated above.								
23a. SIGNATURE H. H. Stewart (Degree or title) _____			23b. ADDRESS Brunswick			23c. DATE SIGNED 8/23/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-24-1956		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Brunswick, Missouri		
DATE REC'D BY LOCAL REG. 8-24-56		REGISTRAR'S SIGNATURE Mildred Fume		25. FUNERAL DIRECTOR'S SIGNATURE L. W. Neal		ADDRESS Brunswick Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *L. W. Heesil*

Licensed Embalmer No. *823*

P. O. Address *Breese*

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.