

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30772**

FILED OCT 3 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4037</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Louisiana b. COUNTY Farrish; Caddo			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 6 months		c. CITY OR TOWN Shreveport		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 St. Mary's Hospital				STREET ADDRESS (If rural, give location) 3729 Greenway Place			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) B.		c. (Last) JAMES		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 29, 1878	
9. AGE (In years last birthday) 78		10. AGE (In years last birthday) 78		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Southern Woodlawn, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector: Railroad		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Southern		11. BIRTHPLACE (City and State or Foreign Country) Woodlawn, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David B. James		13b. MOTHER'S MAIDEN NAME Maggie Presella James		14. NAME OF HUSBAND OR WIFE Inez 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. 702-12-3552		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. P. Hickman, Shreveport, La.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Multiple Sclerosis Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Myocardial Damage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years 5-11 345X 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>2-29-1952</u> , to <u>9-13-1956</u> , that I last saw the deceased alive on <u>9-13-1956</u> , and that death occurred <u>13-56</u> m., from the causes and on the date stated above.							
23a. SIGNATURE W. P. Miller M.D. (Degree or title) D				23b. ADDRESS 800 Cargyle Bldg		23c. DATE SIGNED 9-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 14, 1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Shreveport, Louisiana	
DATE REC'D BY LOCAL REG. 9-14-56		REGISTRAR'S SIGNATURE Nevas Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

The Miller

6328 Baltimore

7:30

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

Clayton K. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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