S. No. 300
V. 10.48

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31535

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 2048 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville, Mo.
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): North Maple

0380 1

3. NAME OF DECEASED (Type or Print)
a. (First): Miss Rilla James
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 20 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 2 1873
9. AGE (In years last birthday): 83
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): Gentry County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Rufus James
13b. MOTHER'S MAIDEN NAME: Nancy Gearhart
14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Miss Myra James
ADDRESS: Stanberry, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Incarcerated umbilical hernia — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility, arteriosclerosis
Surgery with pentothal anesthesia

19a. DATE OF OPERATION: 9-20-56.
19b. MAJOR FINDINGS OF OPERATION: Incarcerated umbilical hernia 5612
20. AUTOPSY? YES [ ] NO [X]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 7, 1952, *to* Sept 20, 1956, *that I last saw the deceased alive on* 9-20, 1956, *and that death occurred at* 10:25 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Albert L. Carlin
(Degree or title): M. D.
23b. ADDRESS: Stanberry, Mo.
23c. DATE SIGNED: 9-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/23/56
24c. NAME OF CEMETERY OR CREMATORY: Hall Cemetery
24d. LOCATION (City, town, or county) (State): E of Stanberry 4 miles

DATE REC'D BY LOCAL REG.: 9-29-56
REGISTRAR'S SIGNATURE: Bess Holt
25. FUNERAL DIRECTOR'S SIGNATURE: Fatoy F. Phillips
ADDRESS: Stanberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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

229 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

~~working under my personal supervision.~~.

Student..... ~~Signature of Student Embalmer~~

Signed.....

Licensed Embalmer No. 189

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.