

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4177**

FILED FEB 21 1957

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5366** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Marion Twn.		c. CITY OR TOWN Pattonsburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 72 Yrs		e. STREET ADDRESS (If rural, give location) Rt. # 1, Pattonsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. # 1, Pattonsburg, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Ezra	b. (Middle) ---	c. (Last) James	4. DATE OF DEATH (Month) (Day) (Year) 2-13-1957
---	------------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 7, 1884	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 6 HRS. Hours 0 Min. 0
--------------------	-------------------------------	--	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Land Owner	11. BIRTHPLACE (City and State or Foreign Country) Pattonsburg, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	--	--

13a. FATHER'S NAME Robert T. James	13b. MOTHER'S MAIDEN NAME Mary Pennington	14. NAME OF HUSBAND OR WIFE ---
---	--	--

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. 491-42-4351	17. INFORMANT'S SIGNATURE OR NAME Robert James, Rt. #2, Pattonsburg, Mo.	ADDRESS Mo.
--	--	---	--------------------

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) Edema of lungs & abdomen		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Very large heart, mitral leak leak		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Arterial Sclerosis, Hypertension, nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary aneurysm, prostate enlargement		4 yrs 2 yrs 1 yr.	

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)	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 **June 1955**, to **2/13**, 19**57**, that I last saw the deceased alive on **2/13/57**, 19**57**, and that death occurred at **9:50A. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Bailey (Degree or title) DO	23b. ADDRESS Pattonsburg Mo	23c. DATE SIGNED 2-14-1957
---	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-1957	24c. NAME OF CEMETERY OR CREMATORY Muddy Cemetery	24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 2-18-57	REGISTRAR'S SIGNATURE Virginia M. Engelhardt	25. FUNERAL DIRECTOR'S SIGNATURE Louis Zuest	ADDRESS Pattonsburg, Mo.
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

81

MS OCT 1 1959

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.....
Louis Quert

Licensed Embalmer No. *1409*

P. O. Address *Pattonsbu*

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.