

FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8160

STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hornersville (Rural)</u>		Inside Limits Yes ☐ No ☒	c. CITY OR TOWN <u>Hornersville</u>		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>2 weeks</u>	d. STREET ADDRESS <u>Rt. 1</u> (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>R.</u> Last <u>James</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>7th</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>June 14-1923</u>		9. AGE (In years last birthday) <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Roy James</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War 2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Imogene McMullen Hornersville Rt. 1</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Conflagration</u> Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>16</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>9160.</u>
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>House burned down over him.</u>		
20c. TIME OF INJURY Hour <u>1:50</u> p.m. Month, Day, Year <u>3-7-57</u>					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Hornersville rural Dunklin Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>2:00 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Quincy Taine</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>Kennett Mo.</u>		22c. DATE SIGNED <u>3-11-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-9-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Horners Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>
24. FUNERAL DIRECTOR <u>Lentz Service</u>		ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/13/57</u>	26. REGISTRAR'S SIGNATURE <u>Sue Palenske</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....3-20-57
COUNTY FILE NUMBER.....357-

MAR 22 1957

APR 5 1957

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *Edgar Bruce Hester*

Licensed Embalmer No. *44*

P. O. Address *Kennett*

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