

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12383

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Walnut & Benton			Length of stay in lb 55 yrs.		d. STREET ADDRESS (If outside, give location) Walnut & Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Henderson				First Henderson		Middle James		Last James		4. DATE OF DEATH April 23, 1957			
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14, 1886		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 2 Days 9 Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) New Wells, Missouri		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Henry James						14. MOTHER'S MAIDEN NAME Julie Hines							
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. ---		17. INFORMANT Address Cape Gir., Mo. Mrs. Ernie James, Walnut & Benton,							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) CARDIAC DECOMPENSATION			
										DUE TO (c) ATHEROSCLEROSIS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from 4-2-57 to 4-9-57 and last saw her/him alive on 4-18-57 Death occurred at 6:30 P. a. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE A. L. Schraden						(Degree or title) DO			22b. ADDRESS 213 S. Spring			22c. DATE SIGNED 4/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 27, 1957		23c. NAME OF CEMETERY OR CREMATORY Fairmonte Cemetery			23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.						
24. FUNERAL DIRECTOR Mo. F. J. Sparks				ADDRESS Cape Gir., Mo.		25. DATE RECD. BY LOCAL REG. 5-6-1957		26. REGISTRAR'S SIGNATURE L. C. Summers					

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAY 22 1957

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 *Edward A. Ruffini*

Licensed Embalmer No. 5022
2501 Poplar St.
P. O. Address Cairo, Illinois

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.