

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18858

FILED JUN 14 1957

STATE FILE NUMBER

318

1003

5366

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			c. CITY OR TOWN High Hill		b. COUNTY Montgomery
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			d. STREET ADDRESS 0700		Length of stay in lb 7 weeks
3. NAME OF DECEASED (Type or print) First JESSIE Middle LINVILLE Last JAMES			4. DATE OF DEATH Month JUNE Day 7 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH: March 13, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Federal Barge Lines		11. BIRTHPLACE (City and state or country) High Hill, Missouri.	
13. FATHER'S NAME John James			14. MOTHER'S MAIDEN NAME Frances Maughs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mary James, High Hill, Missouri.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LEFT KIDNEY WITH METASTASES					INTERVAL BETWEEN ONSET AND DEATH 1 YR.
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)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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 APRIL 19, 1957 to JUNE 7, 1957 and last saw her alive on JUNE 7, 1957 Death occurred at 1:20P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. D. Linnell, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 6/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-8-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		23d. LOCATION (City, town, or county) (State) High Hill, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.,			25. DATE RECD. BY LOCAL REG. JUN 8 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Montgomery

Missouri

X-Y

High Hill

X

ST. LOUIS, MISSOURI

7 weeks

JAMES

WHITE

WHITE

72

March 13, 1882

White

Male

U.S.A.

Federal Barge Lines, High Hill, Missouri.

Laborer

Frances Hays

John James

High Hill, Missouri.

High Hill

High Hill

High Hill

I-Y

STATEMENT BY LICENSED EMBALMER

WITH INITIALS

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

by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed *John J. Pennek*

Licensed Embalmer No. *41*

P. O. Address *St. Louis*

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.

High Hill, Missouri.

High Hill, Missouri.

6-8-27

Revised