

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20220

STATE FILE NUMBER

FILED JUL 11 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Poplar Bluff</u> TOWN				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Clarkton</u> Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Doctors Hospital</u> INSTITUTION				Length of stay in lb <u>1 hour</u>		d. STREET CITY (If outside, give location) ADDRESS <u>City</u>	
3. NAME OF DECEASED (Type or print) First <u>ALLEN</u> Middle <u>ELTON</u> Last <u>JAMES</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>23</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>Aug. 15, 1915</u>	
9. AGE (In years last birthday) <u>41</u>				10. IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>		11. IF UNDER 24 HRS. Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Clarkton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Allen James</u>			
14. MOTHER'S MAIDEN NAME <u>Alice Reagor</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT Address <u>Mrs. Velma James, Clarkton, Missouri</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>Coronary Thrombosis</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>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>fibers</u>	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 <u>6 PM June 23</u> to <u>6:50 PM June 23</u> and last saw him alive on <u>June 23, 1957</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>Marvin R. Barbours, MD</u> (Degree or title)				22b. ADDRESS <u>Poplar Bluff, Mo</u>		22c. DATE SIGNED <u>6/24</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 26, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clarkton, Missouri Rte. 1</u>	
24. FUNERAL DIRECTOR ADDRESS <u>LANDESS FUNERAL HOME, CAMPBELL, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>7/2/57</u>		26. REGISTRAR'S SIGNATURE <u>Bld [Signature]</u>	

(Licensed Embolmer's Statement on Reverse Side)

RECEIVED

JUL 5 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

JUL 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Christina M. Lander*

Licensed Embalmer No. *40*

P. O. Address *Campbell*

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.