

STANDARD CERTIFICATE OF DEATH

28487
STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 408

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2316 KENTUCKY AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK E. JAMES			4. DATE OF DEATH Month Day Year AUGUST 19, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 3, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNED & OPERATED -		10b. KIND OF BUSINESS OR INDUSTRY ICE COMPANY	11. BIRTHPLACE (City and state or country) JOPLIN, MO.
13a. FATHER'S NAME ALONZO JAMES		13b. MOTHER'S MAIDEN NAME NANCY SULLENGER	14. NAME OF HUSBAND OR WIFE NELLE E. JAMES
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. UNK	17. INFORMANT MRS. NELLE E. JAMES, 2316 KENTUCKY AVE Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus - myocardial degeneration with decompensation - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) acute cholecystitis + acute pyelonephritis DUE TO (c) 1949. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222			INTERVAL BETWEEN ONSET AND DEATH Immediate - - 8-14-57 -
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9-28-49 to 8-19-57 and last saw him alive on 8-19-57 . Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Walter Howard M.D.	
22b. ADDRESS 607 Main - Joplin Mo		22c. DATE SIGNED 8/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-21-57	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 8-26-57	26. REGISTRAR'S SIGNATURE Royce Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

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 *F M Jones*

Licensed Embalmer No. *2319*

P. O. Address *Juplin*

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.