

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28857

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY OR TOWN <b>Rural - La Font</b>		c. CITY OR TOWN <b>Marston</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>3 Miles SW</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ester</b> b. (Middle) _____ c. (Last) <b>James</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 4, 1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 4, 1957</b>	9. AGE (In years) (Month) (Day) (Min.) <b>0 0 1</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>New Madrid Co. Missouri</b>	

13a. FATHER'S NAME <b>Dewery Samson James</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Jennings</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dewery S. James, Marston, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>7 Month Pre-Mature - Delivered by Midwife - died without Medical attention</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>776 X</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. L. Ponder - Deputy Registrar, Selbourn, Mo</b>		(Degree or title)		23b. ADDRESS _____		23c. DATE SIGNED <b>8-8-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 5, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lathern Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>New Madrid, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-8-57</b>		REGISTRAR'S SIGNATURE <b>H. L. Ponder Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richards Undertaking Co.</b>		ADDRESS <b>New Madrid, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

DATE RECEIVED AUG 9 1957  
NEW MADRID CO. HEALTH CENTER

P. J. L.

**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

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.