

XC # 117 04 61

SL # 14385 FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

33678

8439

Registration District No. 318 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				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BRIGHTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. A DM. HOSP.				Length of stay in 1b 38 DAYS		d. STREET ADDRESS ROUTE # 2 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JESSE JAMES				4. DATE OF DEATH Month Day Year 9-6-57			
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 5-14-89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBER		11. BIRTHPLACE (City and state or country) SINLIYS GREECE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME MIKE JAMES				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 356-16-2288		17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, 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) CEREBRAL TRAUMA WITH EDEMA AND HEMORRHAGE FOLLOWING CRANIOTOMY. DUE TO (b) MALIGNANT BRAIN TUMOR, TYPE UNSPECIFIED. DUE TO (c) Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 15 HRS. 2 MOS.	
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.) 193X				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) VA		20f. CITY, TOWN, OR LOCATION BRIGHTON, ILL.		20g. COUNTY STATE	
21. I attended the deceased from 7-30-57 to 9-6-57 and last saw him alive on 9-6-57 Death occurred at 1:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) M. D.				22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 9-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Sept. 6		23c. NAME OF CEMETERY OR CREMATORY Brighton, Ill.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Warner ADDRESS Brighton, Ill.				25. DATE RECD. BY LOCAL REG. SEP 9 57		26. REGISTRAR'S SIGNATURE C. Smith MD	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

STATEMENT

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 _____

Licensed Embalmer No. 48

P. O. Address _____

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.