

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1802
STATE FILE NUMBER

FILED FEB 5 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 16

Health, Welfare, Public Service

300
-57

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 W. Commercial		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 602 Bland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle M Last England			4. DATE OF DEATH Month Jan. Day 27 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 31 1903		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY AUTO PARTS		11. BIRTHPLACE (City and state or country) Lebanon Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Jack England		13b. MOTHER'S MAIDEN NAME Eva Flynn		14. NAME OF HUSBAND OR WIFE Bernice England	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-36-7257		17. INFORMANT Address Mrs. J. M. England Lebanon Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 20 mins
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) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ 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.) Nov 1949		20f. CITY, TOWN, OR LOCATION COUNTY STATE Jan 27, 1958 Lebanon Mo.	
21. I attended the deceased from Nov 1949 to Jan 27, 1958 and last saw her alive on Jan 27, 1958 Death occurred at 3.15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. H. Johnson (Degree or title)				22b. ADDRESS Lebanon Mo	
22c. DATE SIGNED 1-29-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/30/58		23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	
23d. LOCATION (City, town, or county) (State) Lebanon Mo.					
24. FUNERAL DIRECTOR ADDRESS S. R. Palmy Lebanon Mo.			25. DATE RECD. BY LOCAL REG. 1-29-1958		26. REGISTRAR'S SIGNATURE Heilla L. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease. All diseases in Part I must be causally related.

24)

VS
AUG 25 1958

Received FEB 3 1958

Inclde County Health Unit

File No. 16

Date Filed FEB 3 1958

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address L. L.

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.