

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1992

STATE FILE NUMBER

FILED JAN 29 1958

Registration District No. 206 Primary Registration District No. 5744 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Madison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Castor Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY R.F.D. # 2 OR TOWN <u>Fredericktown</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12 Mi. N.E. of Fredericktown</u>		Length of stay in 1b Yrs.	d. STREET ADDRESS <u>12 Mi. N.E. of Fredericktown</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Norman</u> Middle <u>Arthur</u> Last <u>James</u>			4. DATE OF DEATH Month <u>January</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 24, 1946</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Samuel Arthur James</u>			14. MOTHER'S MAIDEN NAME <u>Clara Elizabeth Seitz</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Albert James - Fredericktown, Mo.</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>BURNS CAUSED</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HOUSE BURNING</u> DUE TO (c) <u></u>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9160</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" 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.) <u>HOUSE CAUGHT FIRE. HE WAS IN FIRE</u>				
20c. TIME OF INJURY Hour <u>6:30</u> Month <u>JAN</u> Day <u>21</u> Year <u>1958</u> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>CASTOR TOWNSHIP MADISON MO.</u>			
21. I attended the deceased from <u>5:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>5:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ray Wilson</u> (Degree or title) <u>CORONER</u>			22b. ADDRESS <u>FREDERICKTOWN</u>		22c. DATE SIGNED <u>1-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Jefferson Barracks, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
24. FUNERAL DIRECTOR <u>W. Edmonson</u> Fredericktown, Mo.			25. DATE RECD. BY LOCAL REG. <u>1-22-1958</u>	26. REGISTRAR'S SIGNATURE <u>Arvince Hicks</u>	

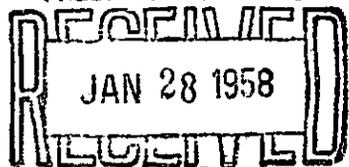
(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 138-6

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 H. Padamson
Licensed Embalmer No. _____

P. O. Address FREDERICKTOWN, MO.

NOT EMBALMED

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.