

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012895  
State File No.

FILED APR 15 1958

REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Puxico Duck Creek Twp</u>		c. LENGTH OF STAY (In this place) <u>2 YRS</u>	c. CITY OR TOWN <u>Puxico</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>R. 2 Duck Creek Twp</u>			
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)		b. (Middle) <u>L.</u>	
c. (Last) <u>IJAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 8, 1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 29, 1892</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Press Operator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamsville, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Wm. IJAMES</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie WALLACE</u>	
14. NAME OF HUSBAND OR WIFE <u>Lois B. IJAMES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>379-07-6209</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois B. IJAMES Puxico, MO R 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>6:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Marsh Watkins</u>		23b. ADDRESS <u>Corners 3 Dexter MO</u>	
23c. DATE SIGNED <u>4-9-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4-9-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flint Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Flint, Mich.</u>
DATE REC'D BY LOCAL REG. <u>4/12/58</u>	REGISTRAR'S SIGNATURE <u>Pearl Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MORGAN FUNERAL Home Puxico Mo.</u>	

**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..... *Wm H Morgan*

Licensed Embalmer No. *464*

P. O. Address *Providence*

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.