

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028673  
STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 100 Primary Registration District No. 5381 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY OR TOWN Salem R R 1 Current		c. CITY OR TOWN Salem R R 1 330	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 miles west on 119 hiway		d. STREET ADDRESS (If outside, give location) 12 miles west on 119 hiway	
3. NAME OF DECEASED (Type or print) First Middle Last Lela Bell James		4. DATE OF DEATH Month Day Year Sept. 2 1958	
5. SEX Female	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 April 29 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Shannon county Mo.
13a. FATHER'S NAME Ben Crabtree		13b. MOTHER'S MAIDEN NAME Becky Patterson	14. NAME OF HUSBAND OR WIFE Arthur James- Husband
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No None		16. SOCIAL SECURITY NO. 495-34-3524	17. INFORMANT Address Arthur James Salem R R 1 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) <i>cardiac + pulmonary arrest.</i> DUE TO (b) <i>cachexia + debilitation</i> DUE TO (c) <i>carcinomatosis due to 180X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cancer of rt kidney with metastasis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Not Definite</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at 4:00 PM 1957 to Sept 2, 1958 and last saw her alive on Aug 30, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O.B. J. Myers D.O. 2		22b. ADDRESS Lechling, Mo	22c. DATE SIGNED 9-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 4-58	23c. NAME OF CEMETERY OR CREMATORY Hepsoda	23d. LOCATION (City, town, or county) (State) Dent County Mo.
24. FUNERAL DIRECTOR ADDRESS Carl K. Spencer Salem Mo.		25. DATE RECD. BY LOCAL REG. Sept. 5, 1958	26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. L.P.M.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

380

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 *Carl J. Glenn* .....

Licensed Embalmer No. *4707* .....

P. O. Address *Rolla, Mo.* .....

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.