Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035894
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 93 Primary Registration District No. Registrar's No. 58-73

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi S.W. of So. Greenfield Length of stay in 1b 1½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dade
c. CITY OR TOWN So. Greenfield Inside Limits Yes ☐ No ☑
d. STREET ADDRESS R#1 - 2 mi S.W. (If outside, give location) Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Katie Middle — Last James
4. DATE OF DEATH Month Nov. Day 5 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Feb. 5 1884
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John S. Barger
13b. MOTHER'S MAIDEN NAME Harriet Nate
14. NAME OF HUSBAND OR WIFE George P. James
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Mable Franklin Address So. Greenfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 3 wks
DUE TO (c) 4200
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 ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-23-58, to Nov. 5, 1958 and last saw her alive on 10-23-58
Death occurred at 11:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee A. McNeel Jr MD (Degree or title)
22b. ADDRESS Greenfield, Mo.
22c. DATE SIGNED 11-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 9, 1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Pennsboro Cem.
23d. LOCATION (City, town, or county) (State) Pennsboro, Mo.
24. FUNERAL DIRECTOR J. C. Canada ADDRESS Greenfield, Mo.
25. DATE RECD. BY LOCAL REG. 11-7-1958
26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

Lee A. McNeel, Jr. MD

BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.