

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043881

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 980

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Rest Home		Length of stay in lb 27yrs.	d. STREET ADDRESS (If outside, give location) 208 E. Colt St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Martha Middle M. Last James			4. DATE OF DEATH Month Dec. Day 19 Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-14-1884		9. AGE (In years) 74 If UNDER 1 YEAR: Months 0 Days 42 If UNDER 24 HRS.: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Camden Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard Darnell		13b. MOTHER'S MAIDEN NAME Selenah Logan	
14. NAME OF HUSBAND OR WIFE Thomas James		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-07-4307A	
17. INFORMANT Mrs. Electa Hall		18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Hypertension & Gen. Arteriosclerosis DUE TO (c) 8 days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5-6 yrs.		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 a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 Windsor, Mo.		20g. COUNTY Henry	
20h. STATE Mo.		21. I attended the deceased from Dec 11-58 to Dec 19-58 and last saw her alive on Dec. 19-58 Death occurred at 9:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clude M. Thurber M.D. (Degree or title)		22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 12-25-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-21-1958		23c. NAME OF CEMETERY OR CREMATORY Bethel Camp Ground	
23d. LOCATION (City, town, or county) Edwards, Mo.		23e. (State)		24. FUNERAL DIRECTOR Ellis Huston	
24a. ADDRESS Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-58		26. REGISTRAR'S SIGNATURE Mildred Eighm	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Clifford Houge

Licensed Embalmer No. *5014*

P. O. Address *Windsor, W*

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.