

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022485

FILED JUL 2 1959 294

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Length of stay in lb 3 hrs	c. CITY OR TOWN BRUNSWICK Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) E. B BROADWAY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last RUFUS HARRISON JAMES			4. DATE OF DEATH Month Day Year JUNE 17 1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1886	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	11. BIRTHPLACE (City and state or country) CHARITON MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME J. A. JAMES	13b. MOTHER'S MAIDEN NAME MARY HIBLER	14. NAME OF HUSBAND OR WIFE IDA JAMES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-01-8177	17. INFORMANT Address George James, Bruns. Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage etc unknown due to arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) Thromboses of right cerebral and basilar artery of brain	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Treatment for thrombosis with anti coagulants administered for 10 months.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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21. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **August 26, 1957** to **June 16, 1959** and last saw him alive on **June 16, 1959**
Death occurred at **1:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carrie C. Cochrane M.D.	22b. ADDRESS 317 Virginia, Moberly Mo	22c. DATE SIGNED June 12, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 19, 1959	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Brunswick, Mo.
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24. FUNERAL DIRECTOR ADDRESS Heisel Funeral Home Bruns. Mo	25. DATE RECD. BY LOCAL REG. 6-22-59	REGISTRAR'S SIGNATURE Leahussou
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DECEASED: [Illegible] [Illegible] [Illegible]
 [Illegible] [Illegible] [Illegible] [Illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed William R. [Illegible]

Licensed Embalmer No. 4751

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.

[Illegible handwritten notes and signatures at the bottom of the page]