

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-028114

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 53

DED

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LUTESVILLE</u>		Length of stay in 1b <u>8 days</u>		c. CITY OR TOWN <u>241MA</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONDS NURSING HOME</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS <u>None</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ADOLPH JAMES</u>				4. DATE OF DEATH Month Day Year <u>JULY 28 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>JULY 15, 1897</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Jalma, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>RANDOLPH JAMES</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY GAINES</u>		14. NAME OF HUSBAND OR WIFE <u>ZETTA JAMES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT <u>Mrs. Mable Robinette</u> Address <u>3/4 Crawford Rd. Glasgow Village Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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 <u>7/20/59</u> to <u>7/28/59</u> and last saw her alive on _____ Death occurred at <u>12:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John J. Myers MD</u> (Degree or title)				22b. ADDRESS <u>Lutesville Mo</u>		22c. DATE SIGNED <u>8/7/59</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 30, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baber Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lutesville Mo.</u>			
24. FUNERAL DIRECTOR <u>Baber Funeral Home, Lutesville</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8/12/59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1958
9 NOV

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.