RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1959

59-029577

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 124

DED

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim township — Length of stay in 1b 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Co. Memorial — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ste.Genevieve
c. CITY OR TOWN Ste. Genevieve — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 188 No. Main — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Isa Middle Matilda Last James
4. DATE OF DEATH Month August Day 2 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-9-1873
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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
11. BIRTHPLACE (City and state or country) Lutesville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William James
13b. MOTHER'S MAIDEN NAME Lorena Hahn
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Dorothy Walsh, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Congestive heart failure | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Generalized arteriosclerosis | year |
| DUE TO (c) | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Intercapsular fracture left hip

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.) Fell at home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year July 14,1959
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.) Home
20f. CITY, TOWN, OR LOCATION Ste.Genevieve, Mo. COUNTY Ste.Genevieve, Mo. STATE

21. I attended the deceased from July 26, 1959, to August 3,1959 and last saw her/him alive on August 3, 1959
Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Mayfield Md.
22b. ADDRESS Crystal City, Mo.
22c. DATE SIGNED 8/4/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/4/59
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) Ste. Genevieve, (State) Missouri
24. FUNERAL DIRECTOR Jerome G. Stauber ADDRESS Ste Genevieve Mo
25. DATE RECD. BY LOCAL REG. 8-21-59
26. REGISTRAR'S SIGNATURE June G. Rigdon

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AUG 23 [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 Jerome A. Stoulen

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve

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