

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 30 1959

'59 043816  
 STATE FILE NUMBER

Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clarkton, Missouri</b>		Length of stay in 1b <b>6 Months</b>		c. CITY OR TOWN <b>Clarkton, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home of Daughter</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Box 116</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LAURA LEE JAMES</b>				4. DATE OF DEATH Month Day Year <b>Dec. 17 1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 3, 1878</b>	9. AGE (last birthday) <b>81</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Holcomb, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Marshall Cox</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Morgan</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Albert James Dees</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Daughter</b> <b>Faye McCarty Clarkton, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>17 Mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Coronary Heart Failure</b>						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY	STATE
21. I attended the deceased from <u>11-5-59</u> to <u>12-16-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>12-16-59</u> Death occurred at <u>550 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Maguelou M</i> (Degree or title)				22b. ADDRESS <i>Malden Mo</i>		22c. DATE SIGNED <u>12-21-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>Clarkton, Mo. Route 1</b>		
24. FUNERAL DIRECTOR <b>Landess Funeral Home</b> ADDRESS <b>Campbell, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>12-23-1959</b>		26. REGISTRAR'S SIGNATURE <i>J. W. Schreiner</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

**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 Charles Bostain, Student Embalmer No. 591

working under my personal supervision.

Student Charles Bostain  
Signature of Student Embalmer

Signed Christine M. Lander

Licensed Embalmer No. 4227

P. O. Address Camphers

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.