

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 29 1960

-60-031126
 STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 1047

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in lb 14 Mon.	c. CITY OR TOWN Warrensburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 821 N. Holden Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Franklin Middle Glen Last James			4. DATE OF DEATH Aug. 20, 1960 Month Aug. Day 20 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1911	9. AGE (last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Dept. Employee		10b. KIND OF BUSINESS OR INDUSTRY Highway Agent	11. BIRTHPLACE (City and state or country) Creighton, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John James	13b. MOTHER'S MAIDEN NAME Fannie Emry	14. NAME OF HUSBAND OR WIFE Allena Martz James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 496-16-6513	17. INFORMANT Mrs Franklin James-Warrensburg, Mo. Address

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 Anoxia		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Carcinomatosis	
	DUE TO (c) Adenocarcinoma of colon	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 16 Aug 60 to 20 Aug 60 and last saw him alive on 20 Aug 60
 Death occurred at 11:55 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D.	22b. ADDRESS Warrensburg Mo.	22c. DATE SIGNED 21 Aug 60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-23, 1960	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24. FUNERAL DIRECTOR Sweeney Phillips, Warrensburg, Mo. ADDRESS		23d. LOCATION (City, town, or county) Butler, Missouri
25. DATE RECD. BY LOCAL REG. 8-21-60		26. REGISTRAR'S SIGNATURE Savannah Gunkel

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 30 1960

OCT 11 1960

FEB 9 1961

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. Earhart

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.