

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008523

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 73

FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Windsor</u>	
Length of stay in 1b <u>10 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home 108 W. Florence</u>		d. STREET ADDRESS (If outside, give location) <u>108 W. Florence</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>GOLDIE</u> Last <u>JAMES</u>		4. DATE OF DEATH Month <u>March</u> Day <u>29</u> , Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-29-1888</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and state or country) <u>(unknown) Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Isaac Roark</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Inloe</u>	
14. NAME OF HUSBAND OR WIFE <u>Edward Louis James</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>(none)</u>	
17. INFORMANT <u>Mrs. Gerald Miller Windsor, MO.</u>		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) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Myocardial Infarction (Severe)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Nil</u> <u>3-4 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocardial Infarction (Severe)</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>4:16</u> a.m. <u>54</u> Month, Day, Year <u>5-29-61</u>		20f. CITY, TOWN, OR LOCATION <u>Windsor Mo.</u>	
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.) <u>4-16-54</u>	
21. I attended the deceased from <u>6:00 P. M.</u> to <u>3-8-61</u> and last saw her alive on <u>3-8-61</u>		21b. ADDRESS <u>Windsor Mo.</u>	
21c. DATE SIGNED <u>3/30/61</u>			
22a. SIGNATURE <u>Clifford M. Gouge</u>		22b. ADDRESS <u>Windsor Mo.</u>	
22c. DATE SIGNED <u>3/30/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-1-1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge Cemetery</u>		23d. LOCATION (City, town, or county) <u>Edwards, Mo.</u>	
24. FUNERAL DIRECTOR <u>Clifford Gouge Windsor, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 31-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Biggs</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1961

8801-10

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo

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.