

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017093

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 555

AMENDED

FILED JUN 12 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Protem	
Length of stay in 1b 10 DAYS		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hosp.		d. STREET ADDRESS (If outside, give location) RFD	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) Almus Ross James		4. DATE OF DEATH June 2, 1961	
5. SEX Male		6. COLOR OR RACE White	
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 5/18/1890	
9. AGE (last birthday) 71		IF UNDER 1 YEAR IF UNDER 24 HR Months 0 Days 14 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Cyrus James		13b. MOTHER'S MAIDEN NAME Sarah Owen	
14. NAME OF HUSBAND OR WIFE Lillian James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Lillian James		Address Protem, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma, right lung with metastasis to left lung, neck, and left arm 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) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
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 4/18/61 to 6/2/61 and last saw him alive on 6/2/61		COUNTY _____ STATE _____	
21. I attended the deceased from _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Park, MD		22b. ADDRESS 315 Prof. Bldg. Springfield, Missouri	
22c. DATE SIGNED 6/6/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-3-61	
23c. NAME OF CEMETERY OR CREMATORY Protem Cemetery		23d. LOCATION (City, town, or county) (State) Protem, Mo.	
24. FUNERAL DIRECTOR Walter Cobb		25. DATE RECD. BY LOCAL REG. 6-7-61	
26. REGISTRAR'S SIGNATURE Effie S. Melton			

(Licensed Embalmer's Statement on Reverse Side)

JUN 12

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

Gene C. Hunter

Licensed Embalmer No. *4739*

P. O. Address *Spfd. Emb.*
Spfd. v.

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.