

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041979

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 138

FILED DEC 14 1961

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>PIKE</u>                                     |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>PIKE</u> |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>LOUISIANA.</u> |  | Length of stay in 1b<br><u>16 YRS</u>   | c. CITY OR TOWN<br><u>LOUISIANA.</u> |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>PIKE CO HOSPITAL</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS<br><u>PR# 2</u>    |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>RUDOLPH</u> Middle <u>JAMES</u> Last <u>JAMES</u> |  |  | 4. DATE OF DEATH<br>Month <u>DEC</u> Day <u>3</u> Year <u>1961.</u> |  |  |
|---|--|--|---|--|--|

|                       |                                  |   |                                      |                                      |  |  |
|-----------------------|----------------------------------|---|--------------------------------------|--------------------------------------|--|--|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-10-1892</u> | 9. AGE (last birthday)<br><u>64.</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|---|--------------------------------------|--------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during hospital or nursing life, if retired)<br><u>MANAGER</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>LUNCH ROOM.</u> | 11. BIRTHPLACE (City and state or country)<br><u>OTTAWA ILL</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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|---|--|---|
| 13a. FATHER'S NAME<br><u>NICHOLAS JAMES</u> | 13b. MOTHER'S MAIDEN NAME<br><u>UN KNOWN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>ROBERTA JAMES</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT<br><u>ROBERTA JAMES</u> Address <u>LOUISIANA MO</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u>  |  | <u>10 min.</u>                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Pulmonary vascular obstruction</u> | <u>11</u>                        |
|  | DUE TO (c)                                       |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)<br><u>Chr. Asthma Bronchitis, Emphysema &amp; congested TB</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|---|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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|  |  |  |
|--|--|--|
| 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<br>COUNTY _____ STATE _____ |
|--|--|--|

21. I attended the deceased from 1955 to 12/3/61 and last saw <sup>her</sup>him alive on 12/2/61  
Death occurred at 6:12 AM on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>John A. Middleton MD</u> (Degree or title) | 22b. ADDRESS<br><u>Louisiana MO</u> | 22c. DATE SIGNED<br><u>12/4/61</u> |
|---|-------------------------------------|------------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>12-5-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>RIVERVIEW CEM LOUISIANA</u> | 23d. LOCATION (City, town, or county) (State)<br><u>MO</u> |
|---|-----------------------------|--|--|

|   |                              |   |
|---|------------------------------|---|
| 24. FUNERAL DIRECTOR<br><u>COLLIER FUNERAL SERVICE</u> ADDRESS <u>Mo 5-1961</u> | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE<br><u>Bernice Collier</u> |
|---|------------------------------|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

LOUISIANA MO

(Licensed Embalmer's Statement on Reverse Side)

DEC 14 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*George M Collier*

Licensed Embalmer No. 3839

P. O. Address Rowman

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.