

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043440

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 367

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Kirkville	
Length of stay in 1b life		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Truitt Bros. Garage		d. STREET ADDRESS (If outside, give location) 1311 E. Washington	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Allen Middle Clinton Last James		4. DATE OF DEATH Month December Day 14 , Year 1961	
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9-30-1891
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 2 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Salesman		10b. KIND OF BUSINESS OR INDUSTRY Automobile	
11. BIRTHPLACE (City and state or country) Adair Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Will James		13b. MOTHER'S MAIDEN NAME Molly Moots	
14. NAME OF HUSBAND OR WIFE Bessie 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. 489-42-0101		17. INFORMANT Mrs. Bessie James Kirkville, 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) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 10 minutes in or less than 4 years		INTERVAL BETWEEN ONSET AND DEATH 10 minutes in or less than 4 years	
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	
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 4:15 Month, Day, Year 6/8/57 a.m. p.m.	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 Kirkville Mo.	
20g. COUNTY Adair Co. Mo.		20h. STATE Mo.	
21. I attended the deceased from 6/8/57 to 11/30/61 and last saw him alive on 11/30/61 Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. B. Besterman, D.O. (Degree or title)		22b. ADDRESS Kirkville Mo.	
22c. DATE SIGNED 12-15-61		22d. LOCATION (City, town, or county) Adair Co. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-17-1961	23c. NAME OF CEMETERY OR CREMATORY East Center Cemetery	
23d. FUNERAL DIRECTOR Dee Riley Funeral Home, Inc.		23e. DATE RECD. BY LOCAL REG. 12-15-1961	
23f. ADDRESS 415 North Franklin Kirkville, Missouri		23g. REGISTRAR'S SIGNATURE Doris W. Rathoff	

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1962

Ed BESTMAN, D.O.

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, 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.