

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

383 -61-043441  
STATE FILE NUMBER

AMENDED

FILED District No. 1 Primary Registration District No. 3000 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Length of stay in 1b <b>5 mos.</b>	c. CITY OR TOWN <b>Kirkville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stouts Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Stouts Nursing Home</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Maggie</b> Middle <b>K.</b> Last <b>James</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>25</b> Year <b>1961</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-7-1885</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>19</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and state or country) <b>Adair Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Huber</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Ponclett</b>		14. NAME OF HUSBAND OR WIFE <b>Elias James (Dec.)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Hollis James</b> Address <b>Kirkville, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral Arteriosclerosis</b>		<b>6 months</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) <b>Pyelonephritis &amp; Hypertension</b>		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	
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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 <b>6:15</b> Month, Day, Year <b>4/15/53</b>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Kirkville, Mo.</b>	COUNTY <b>Adair</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **4/15/53** to **12-25-61** and last saw her alive on **12-25-61**  
Death occurred at **6:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <b>E. Besterman M.D.</b>		22b. ADDRESS <b>Kirkville, Mo.</b>	22c. DATE SIGNED <b>12-26-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-28-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cem.</b>	23d. LOCATION (City, town, or county) <b>Kirkville, Mo.</b>

24. FUNERAL DIRECTOR <b>Dee Riley Funeral Home, Inc.</b> 415 North Franklin <b>Kirkville, Missouri</b>	ADDRESS <b>42 K. Jackson</b>	DATE RECD. BY LOCAL REG. <b>Dec 26, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

ED BESTMANN, 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 Kirkville, 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.