

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 32

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ARK</u> b. COUNTY <u>Woodruff</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CAMPBELL</u>		c. CITY OR TOWN <u>HUNTER</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>HOME</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>LEE</u> Last <u>JAMES</u>	4. DATE OF DEATH Month <u>DEC</u> Day <u>17</u> Year <u>1961</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</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>5-24-1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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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	11. BIRTHPLACE (City and state or country) <u>HELENA, ARK.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>H. P. NIX</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES VIOLA FIELDS</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM R. JAMES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>MRS. EDD REEVES, BRINICLEY ARK</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN DEATH AND INTERVIEW
IMMEDIATE CAUSE (a) <u>Terminal Broncho-pneumonia</u>		<u>3 days.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>myocardial Failure</u>	<u>1 mo.</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Emphysema.</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
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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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </u>
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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 <u>CAMPBELL MO.</u>	COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from <u>6/1/55</u> to <u>12/17/61</u> and last saw her ^{her} alive on <u>12/15/61</u> Death occurred at <u>5:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wallace A. Selsey M.D.</u>	22b. ADDRESS <u>Campbell Mo.</u>	22c. DATE SIGNED <u>12/26/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HUNTER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HUNTER ARK.</u>
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24. FUNERAL DIRECTOR <u>MIDKIFF</u>	ADDRESS <u>BRINICLEY ARK.</u>	25. DATE RECD. BY LOCAL REG. <u>12-27-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Donald Campbell</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Richard V. Beall

Licensed Embalmer No. 5116

P. O. Address Malden, 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.