

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007655

AMENDED

Registration District No.

316

Primary Registration District No.

Registrar's No.

88

STATE FILE NUMBER

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Francois Township

Length of stay in 1b

8M; 14 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION State Hospital No. 4

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY

OR TOWN

Cape Girardeau,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1036 North Fountain

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLARA

Middle

MAY

Last

JAMES

4. DATE OF DEATH

Month

Day

Year

February 16, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec. 5, 1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days

2 11

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Jackson, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Hager

13b. MOTHER'S MAIDEN NAME

Sarah Ann Moore

14. NAME OF HUSBAND OR WIFE

Theodore James (deceased)

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

Address

Records, State Hospital #4, Farmington, 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)

Lobar pneumonia, right middle lobe - - - - -

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Inanition - - - - -

Apt. 2 wks.

DUE TO (c)

Psychosis - - - - -

Apt. 1 year.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Affective reaction, psychotic depressive reaction.

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 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

COUNTY

STATE

21. I attended the deceased from Feb. 12, 1962 to Feb. 16, 1962 and last saw her DOG alive on Feb. 16, 1962

Death occurred at 12:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John A. Brennan M.D.

22b. ADDRESS

State Hospital No. 4,

Farmington, Missouri

22c. DATE SIGNED

2-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

Fairmount Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Brinkopf-Howell Funeral Home, Cape Girardeau, Mo. 2-16-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.