

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021037

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 25

FILED MAY 23 1963

VS 300  
Rev. 4/59

10821

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bowling Green</u>		c. CITY OR TOWN <u>Bowling Green</u>	
Length of stay in 1b <u>6 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1516 West Centennial</u>		d. STREET ADDRESS (If outside, give location) <u>1516 West Centennial</u>	
3. NAME OF DECEASED (Type or print) <u>Clarence Shelby James, Sr.</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-16-89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Serv.</u>	
13a. FATHER'S NAME <u>Louis S. James</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Bradbury</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> , or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-42-0901</u>	
17. INFORMANT <u>Mrs. Clarence James, Bowling Green, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>K. Lois James</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory failure</u> DUE TO (b) <u>Metastatic CA throughout abd.</u> DUE TO (c) <u>3 years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <u>12:15</u> a.m. p.m. Month, Day, Year <u>5-13-63</u>	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>Bowling Green, Mo.</u>	
21. I attended the deceased, from <u>Oct 27, 1961</u> to <u>5-13-63</u> and last saw him alive on <u>5-13-63</u> Death occurred at <u>12:15</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Bowling Green, Mo.</u>	
22a. SIGNATURE <u>Robert A. Brooks R.O.</u>		22c. DATE SIGNED <u>5-14-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-15-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	23d. LOCATION (City, town, or county) <u>Hannibal, Marion, Missouri</u>
24. FUNERAL DIRECTOR <u>Harold Kirks, Bowling Green, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-14-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Maida G. Williams</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

Permit issued May 14, 1963  
Maidee E. Williams -  
Local Registrar.

SEP 5 1963

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

*Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.