

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022855

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

4474

Registrar's No.

33

FILED JUN 3 1963

1. PLACE OF DEATH

a. COUNTY

SALINE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SWEET SPRINGS

Length of stay in 1b

8 DAYS

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

COMMUNITY HOSPITAL

Inside Limits

Yes ☒ No ☐

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

a. STATE **Missouri**

b. COUNTY **LAFAYETTE**

c. CITY OR TOWN **CONCORDIA**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

912 GORDON ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ANNIE

MAY

JAMES

4. DATE OF DEATH

Month

Day

Year

MAY

20

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAY 13, 1874

9. AGE (last birthday)

89

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

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

RETIRED HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

JAMES P. STEELE

13b. MOTHER'S MAIDEN NAME

MARY VIRGINIA PATTON

14. NAME OF HUSBAND OR WIFE

ALBERT E. 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.

495-07-0772

17. INFORMANT

E.S. JAMES

Address

CONCORDIA, 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

INTERVAL BETWEEN ONSET AND DEATH

Immediate

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

DUE TO (b)

Coronary atherosclerosis

Severe

DUE TO (c)

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

Generalized arteriosclerosis

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 Jan 31, 1961 to May 20, 1963 and last saw her alive on May 20, 1963

Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmund M.D.

22b. ADDRESS

Concordia, Mo

22c. DATE SIGNED

5/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAY 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

MACHPELAH

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

LEXINGTON

STATE

MO

24. FUNERAL DIRECTOR

E.S. James

Concordia, Mo

25. DATE RECD. BY LOCAL REG.

MAY 20, 1963

26. REGISTRAR'S SIGNATURE

Mary Mosley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0970

2 0540

3 2

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 3-0

13 2-0

JUN 3 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

Edgar L Moseley

Licensed Embalmer No. 4711

P. O. Address

Sweet Springs 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.

Burial Permit Issued on 5/20/1963