

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043289

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 80

Primary Registration District No. 5307

Registrar's No. 18

FILED NOV 19 1963

VS 300
Rev. 4/59

0260

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOZEAH TOWNSHIP</u>		c. CITY OR TOWN <u>RUSSELLVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 3</u>	
3. NAME OF DECEASED (Type or print) <u>CHRISTOPHER C. JAMES</u>		4. DATE OF DEATH Month <u>11</u> Day <u>13</u> Year <u>63</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>5-14-08</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRISON GUARD</u>		11. BIRTHPLACE (City and state or country) <u>MO. U.S.A.</u>	
13a. FATHER'S NAME <u>ARCH JAMES</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN JAMES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>HELEN 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>(Rushing Head + Chest Injuries) Instant</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		16. SOCIAL SECURITY NO. <u>490-09-5074</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 checked="" 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.) <u>Automobile Accident -</u>	
20c. TIME OF DEATH Hour <u>10:30</u> a.m. Month <u>11</u> Day <u>13</u> Year <u>1963</u>		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.) <u>Route 2 - Cole County, Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Russellville - Cole - Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alexander Falt, Coroner, Cole County</u>		22b. ADDRESS <u>Jefferson City, Mo. 1436 Green Berry Road</u>	
22c. DATE SIGNED <u>11/15/63</u>		22d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-16-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ENLAGE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	
24. FUNERAL DIRECTOR <u>Steffens Funeral Serv.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 16</u>	
26. REGISTRAR'S SIGNATURE <u>Minnie Hittman</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 4 1963

DEC 9 1963

NOV 19 1963

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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 *Griffiths*

Licensed Embalmer No. 2307

P. O. Address *Russellville 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.