MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 321 STATE FILE NUMBER 63-047797

FILED DEC 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLINTON
Length of stay in 1b: 5 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CLINTON GENERAL HOSP.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HENRY
c. CITY OR TOWN: CLINTON
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 204 SO. 5TH.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle EPHRAIM Last JAMES

4. DATE OF DEATH: Month DECEMBER Day 15 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-9-1900

9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: K. C. POWER & LIGHT

11. BIRTHPLACE (City and state or country): WILLIAMSBURG, ILL.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: RUSSELL L. JAMES

13b. MOTHER'S MAIDEN NAME: LOUISA HOWARD

14. NAME OF HUSBAND OR WIFE: ORA MAY JAMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. 1

16. SOCIAL SECURITY NO.: 487-01-0434

17. INFORMANT Address: MRS. ORA MAY JAMES 204 SO. 5TH. CLINTON, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular Fibrillation	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Coronary Occlusion	2½ days.
DUE TO (c)	Arteriosclerosis	2 years.

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 12/12/63 to 12/14/63 and last saw her/him alive on 12/14/63
Death occurred at 1:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. R. S. Hallingquest M.D.

22b. ADDRESS: Clinton Missouri

22c. DATE SIGNED: 12/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12-18-1963

23c. NAME OF CEMETERY OR CREMATORY: Greenlawn

23d. LOCATION (City, town, or county) (State): KansasCity Mo.

24. FUNERAL DIRECTOR ADDRESS: C. H. BLACKMAN & SON INC. K. C., MO.

25. DATE RECD. BY LOCAL REG.: Dec. 17-1963

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1963

DEC 14 1964

Permit Obtained 12-17-63 mm

1.084

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 Hugh Bond

Licensed Embalmer No. 4888

P. O. Address Tc 24, Tex

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.