

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5490

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>	
c. LENGTH OF STAY (In this place) <u>6 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>California, Mo Rt #4</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 21, 1879</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR <u>10</u> Months	IF UNDER 24 HRS. <u>28</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas S. James</u>	
13b. MOTHER'S MAIDEN NAME <u>Beadie A. Simpson</u>		14. NAME OF HUSBAND OR WIFE <u>Troacy James</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Troacy Pearl James</u>		ADDRESS <u>California</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Walker Twp Moniteau Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Nov 13</u> , 19 <u>49</u> , to <u>Feb. 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 15</u> , 19 <u>50</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. A. Bacon D.O.</u>		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>2/21/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/23/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Luthurn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		DATE REC'D BY LOCAL REG. <u>2/23/50</u>	
REGISTRAR'S SIGNATURE <u>H.R. Poppey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl O. Bomler</u>	
ADDRESS _____		ADDRESS <u>California</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 17 1950

District File Number

District Health Officer No. 9

RECEIVED MAR 8 1950

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 .....  
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.