

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 98

5242
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1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY OR TOWN Excelsior Springs		c. CITY OR TOWN 3 Mi East of Orrick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hosp.		d. STREET ADDRESS (If rural, give location) 1890	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Arthur c. (Last) Endsley			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 30, 1882		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Days 11 Hours 29 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (City and State or Foreign Country) Rural - Orrick, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME E. M. (Burt) Endsley		13b. MOTHER'S MAIDEN NAME Lue Owens		14. NAME OF HUSBAND OR WIFE Agnes Redmond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Endsley ADDRESS Orrick, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 20 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		4 days	
		DUE TO (b) Previous Pulmonary Embolism			
		DUE TO (c) Popliteal Thrombosis			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 466X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4:23, 1952, to 6:29, 1952, that I last saw the deceased alive on 6/29, 1952, and that death occurred at 7:45 P., from the causes and on the date stated above.

23a. SIGNATURE August B. Johnson M.D. (Degree or title)		23b. ADDRESS 116 Saint - Excelsior Springs Mo.		23c. DATE SIGNED 7/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July, 1, 52		24c. NAME OF CEMETERY OR CREMATORY South Point	
24d. LOCATION (City, town, or county) (State) Orrick, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good ADDRESS Orrick, Mo.		DATE REC'D BY LOCAL REG. 7/2/52 REGISTRAR'S SIGNATURE Baroline Hutchings	

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

OCT 20 1953

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 _____

Licensed Embalmer No. 4534

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.