

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8627

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry 0791</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Joachim</u>		c. CITY OR TOWN <u>Perryville</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 61</u>		f. STREET ADDRESS (If rural, give location) <u>North Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Allen</u> c. (Last) <u>River Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-55</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>Nov. 14, 1930</u>		9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ST Louis, Missouri</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James A River Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW2</u>		16. SOCIAL SECURITY NO. <u>493-268622</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie River Perryville, Mo.</u> ADDRESS _____	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured skull</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>in Automobile Accident</u>			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>050</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-4-55 5:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>T. B. Edwards M.D. Cor 3</u>		23b. ADDRESS <u>Cedar Hill, Mo.</u>		23c. DATE SIGNED <u>3-5-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yount Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Perry County, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3-5-55</u>		REGISTRAR'S SIGNATURE <u>John A. Kegan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. ... Perryville, Mo.</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500
3

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 8 1955

APR 18 1955

MAR 19 1955

APR 1 1955

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 *Gurley P. Politt*

Licensed Embalmer No. *378*

P. O. Address *Crystal*

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.