

Health,
& Welfare
Public
Service

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7. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031647
STATE FILE NUMBER

FILED SEP 19 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u> cc 43	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>314 E. Orange</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>L.</u> Last <u>Wills</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>14</u> Year <u>1958</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 checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 15, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Audrain County, Mo.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-14-4081</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
17. INFORMANT <u>Mrs. Frances Yowell</u>		Address <u>314 E. Orange Mexico, Mo.</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>Toxemia caused by bowel obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Abdominal tumor (Type unknown)</u>			<u>Unknown</u>
DUE TO (c) <u>239X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>May 1957</u> to <u>Sept. 14, 1958</u> and last saw ^{him} alive on <u>Sept. 13, 1958</u> Death occurred at <u>4:00</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C.W. Lindsey</u>		(Degree or title) <u>D.O. 2</u>	22b. ADDRESS <u>Ladonia, Missouri</u>
		22c. DATE SIGNED <u>9-15-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>
24. FUNERAL DIRECTOR <u>Arnold Funeral Home Mexico, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 15-1958</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 C.W. Lindsey D.O.

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

COUNTY OF STATE OF MASSACHUSETTS	
DECEASED NAME SEX AGE OCCUPATION	PLACE OF DEATH DATE OF DEATH TIME OF DEATH CAUSE OF DEATH MANNER OF DEATH

OCT 20 1958

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 *Ray Miller*
 Licensed Embalmer No. *4492*

P. O. Address *Myrtle St*

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.