

FILED FEB 4 1948
Registration District No. 1986

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1517
Registrar's No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 412 North Cox
(d) Length of stay: In hospital or institution All her life
In this community All her life

3. (a) PRINT FULL NAME

Dixie Lou Kee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F Color W
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Dec 23 1934

8. AGE: Years 13 Months 8 Days -- If less than one day

9. Birthplace Joplin, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name Norman Kee

13. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Hamilton

15. Birthplace Golden City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Kee

(b) Address 412 North Cox

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1602 Joplin, Joplin, Mo.

19. (a) 1-3-48 (b) Selores Sampson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 412 North Cox
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 1
year 1948 hour 6 minute 4 M.

21. I hereby certify that I attended the deceased from 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Myocardia

Due to Spinal Cord of the entire thoracic & head

Other conditions

Major findings: Of operations 53

Of autopsy 53

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Nat. Keest
Address 2114 Joplin Date signed 11/1/48

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

MOTHER FATHER

PHYSICIAN
Underline the cause of which death should be charged statistically.

19
2
5

49
2
5
0

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.