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St. Cooke

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24212

State File No.

FILED AUG 7 1950

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5909</u>		Registrar's No. <u>63</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Little Prairie</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Little Prairie 0780</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Caruthersville</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1 Caruthersville</u>					
3. NAME OF DECEASED (Type or Print) <u>Nellie Lee</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Lee</u>			4. DATE OF DEATH <u>July 27 1950</u> (Month) (Day) (Year)			
5. SEX <u>Female 3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 8 1893</u>			
9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Collierville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Turner Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Waynett</u>			14. NAME OF HUSBAND OR WIFE <u>Hosea Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u> (If yes, give way or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Pearl Lee</u>		ADDRESS <u>Rt. 1 C'ville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Glomerular Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>331X</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)					
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 <u>July 19 1950</u> , to <u>July 27 1950</u> , that I last saw the deceased alive on <u>July 27 1950</u> , and that death occurred at <u>8:22P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Caruthersville, Mo</u>		23c. DATE SIGNED <u>July 29 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-29-1950</u>		REGISTRAR'S SIGNATURE <u>Tessie B. Weeks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		ADDRESS <u>Funeral Home 808 Ward Ave. Caruthersville, Missouri</u>			

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

8-50-211

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

AUG 4 '33

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

W. Denver Duke

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.