

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29501

State File No. _____

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Little River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Little River</u>	
c. LENGTH OF STAY (in this place) <u>23 Yrs</u>		d. STREET ADDRESS (Add rural, give location) <u>Rural Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Rosie</u>	b. (Middle)	c. (Last) <u>Lee</u>	(Month) <u>Aug.</u>	(Day) <u>18,</u>	(Year) <u>1953</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-26-93</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wade Robertson</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie McClendin</u>	14. NAME OF HUSBAND OR WIFE <u>Alexander Lee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alexander Lee</u>	ADDRESS <u>R. 1 Wardell, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Tuberculosis, far advanced</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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)
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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?
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22. I hereby certify that I attended the deceased from 12 March 1953 to 18 Aug 1953, that I last saw the deceased alive on 16 Aug 1953, and that death occurred at 3:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Looker M.D.</u> (Degree or title)	23b. ADDRESS <u>Cowanville, Mo.</u>	23c. DATE SIGNED <u>20 Aug 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homestown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-24-53</u>	REGISTRAR'S SIGNATURE <u>John St. German</u>	406-9	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u>	ADDRESS <u>Funeral Home, Wardell, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780
1

780
0

8-277-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 28 1953

DEC 9 1953

SEP 3 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James A. Fabern
Licensed Embalmer No. 4185

P. O. Address Wardell, 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.