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FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

State File No. **9110**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Pike	
b. CITY OR TOWN Loumiana	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Bowling Green	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE Co. Hospital		e. STREET ADDRESS (If fourth give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) APLEY	b. (Middle) _____	c. (Last) LEE	4. DATE OF DEATH (Month) (Day) (Year) Mar 23 1956
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5. SEX Male	6. COLOR OR RACE colored	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 4 - 1906	9. AGE (In years last birthday) 49	10. UNDER 1 YEAR 2 Months 19 Days	11. UNDER 1 HR. 0 Hours 50 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Rolla Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Lee	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Ketcher	14. NAME OF HUSBAND OR WIFE Margaret Valley
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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) no	16. SOCIAL SECURITY NO. yes	17. INFORMANT'S SIGNATURE OR NAME Hesterude Holman	ADDRESS Bowling Green Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Meningitis		INTERVAL BETWEEN ONSET AND DEATH 2/28/55
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized Disseminated Tuberculosis 4 mo.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0192	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1/1/55**, 19**55** to **3/23**, 19**55**, that I last saw the deceased alive on **2/22**, 19**55**, and that death occurred at **2:08 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Middleton M.D.	23b. ADDRESS Louisiana	23c. DATE SIGNED 3/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar 24, 1956	24c. NAME OF CEMETERY OR CREMATORY New London	24d. LOCATION (City, town, or county) (State) New London Mo
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DATE REC'D BY LOCAL REG. 3. 29. 55	REGISTRAR'S SIGNATURE Alfred H. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead	ADDRESS Bowling Green Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Harold K. King*

Licensed Embalmer No. *45*

P. O. Address *Bowling*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.