

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5665

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. CITY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u>				b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>Sev. Yrs.</u>		c. CITY OR TOWN <u>Charleston</u>		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 307 E. Comm.</u>				e. STREET ADDRESS (If rural, give location) <u>307 E. Commercial</u>				<u>06723</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u>			b. (Middle) <u>-----</u>		c. (Last) <u>Lee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/19/56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>3/19/1884</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kroger Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Kroger Stores</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan, Indiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charley Lee</u>			13b. MOTHER'S MAIDEN NAME <u>Serena Hunt</u>			14. NAME OF HUSBAND OR WIFE			
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>189-26-3828</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. July Shelby, Charleston, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arterio-sclerosis</u>							
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>						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>Jan 16</u> , 19 <u>56</u> , to <u>Jan 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 18</u> , 19 <u>56</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. Ches. Kolwing M.D.</u>				23b. ADDRESS <u>Charleston, Mo.</u>			23c. DATE SIGNED <u>1/21/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/20/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/15/56</u>		REGISTRAR'S SIGNATURE <u>Leann Heames</u>		25. FUNERAL DIRECTION'S SIGNATURE <u>John W. ...</u>		ADDRESS <u>Funeral Chapel Charleston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Charleston, Mo.

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

RECEIVED

Miss. Co. Health Dep

County File No.

Date Filed MAR 1 19

MAR 1 3 1956

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 *John F. Mummelle Jr.*
.....

Licensed Embalmer No. 3851

P. O. Address Charleston

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.