

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Illmo</u> <sup>1000</sup> <sub>0</sub>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On sidewalk near B. F. Kelly home</u>		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>BESSIE</u>	(First)	b. (Middle)	c. (Last) <u>LEE</u>	4. DATE OF DEATH <u>Feb 27, 1957</u>	(Month) (Day) (Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>	8. DATE OF BIRTH <u>Nov 9, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or an if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Delhi, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>Frank 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)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Christina Keyory</u>	ADDRESS <u>St Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>± 1 Min.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>4201</u> 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 27, 1957, 4 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>First call after death</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Delma C. Buckthorpe, M.D. Health Officer</u>	(Degree or title)	23b. ADDRESS <u>Benton Mo</u>	23c. DATE SIGNED <u>3-8-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	24b. DATE <u>3-1-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-9-1957</u>	REGISTRAR'S SIGNATURE <u>Mustel Propylitz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chapling's</u>	ADDRESS <u>Illmo, Missouri</u>
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(If used Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED MAR 11 1957

SCOTT CO. HEALTH DEPT.

CT FILE No 357-54

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 Oliver C. Amick.....

Licensed Embalmer No. 4470

P. O. Address Illmo, Va

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.