. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

FILED JAN 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46980
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 6115 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RICHLAND TWP. Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RFD #2 Length of stay in 1b: —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: SCOTT
c. CITY OR TOWN: SIKESTON Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 124 6th ST Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle J Last LEE JR.
4. DATE OF DEATH: Month 12 Day 24 Year 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-13-1943
9. AGE (In years last birthday): 14 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL BOY
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): BENTON MO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES LEE SR.
14. MOTHER'S MAIDEN NAME: LILLIAN SHIBERDECKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charles Lee Sr Address: Sikeston Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shot through neck at close range with 12 gauge shot gun
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9199
INTERVAL BETWEEN ONSET AND DEATH: 0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 43
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Accidentally shot by play mate
20c. TIME OF INJURY: Hour 11:30 a. m. ~~p. m.~~ Month, Day, Year: 12-24-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): R.F.D. Sikeston
20f. CITY, TOWN, OR LOCATION: R.F.D. Sikeston COUNTY: Scott STATE: Mo
21. I attended the deceased from First call after death and last saw her/him alive on —
Death occurred at about 11:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Thelma C. Buckthorpe M.D. Health Officer
22b. ADDRESS: Benton, Mo
22c. DATE SIGNED: 12-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-26-1957
23c. NAME OF CEMETERY OR CREMATORY: GARDEN OF MEMORIES
23d. LOCATION (City, town, or county) (State): SIKESTON Mo
24. FUNERAL DIRECTOR ADDRESS: Welch Funeral Home - Sikeston Mo
25. DATE RECD. BY LOCAL REG.: 12-26-57
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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DATE RECEIVED DEC 30 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-267

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 346

P. O. Addre Sikeston Mo

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