No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1958

State File No. 486

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: CAPE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: CHAFFEE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 603 S. MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): NAOMI
b. (Middle): RUTH
c. (Last): LEE

4. DATE OF DEATH (Month) (Day) (Year): JAN. 14, 1958

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Oct. 20, 1956
9. AGE (In years last birthday): 1 — If under 1 year: Months 2, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): CAPE GIRARDEAU, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Porter Lee Jr.
13b. MOTHER'S MAIDEN NAME: Lucille Regina Tucker
14. NAME OF HUSBAND OR WIFE: —

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W. P. LEE JR — CHAFFEE, MO.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Heart Failure due
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary Edema + Hyaline Membrane Disease
DUE TO (c): Following Acute Nasopharyngitis
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Enteritis

INTERVAL BETWEEN ONSET AND DEATH: 1 day; 5 days; 4 days

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
470X
20. AUTOPSY? 1 YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/13, 1958, *to* 1/14, 1958, *that I last saw the deceased alive on* 1/14, 1958, *and that death occurred at* 4:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. J. Herbert, M.D.
23b. ADDRESS: Cape Girardeau, Mo.
23c. DATE SIGNED: 1/30/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-1958
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
24d. LOCATION (City, town, or county) (State): CHAFFEE, MO.

DATE REC'D BY LOCAL REG.: Jan 22, 1958
REGISTRAR'S SIGNATURE: Mrs. Homer E. Cooper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bisplinghoff Funeral Home - Chaffee, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Jack I. Burnett

Licensed Embalmer No. 44

P. O. Address Chaffee,

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.