

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004971

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 101 Primary Registration District No. 5406 Registrar's No. 3

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY DOUGLAS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINCOLN		a. STATE MO.		b. COUNTY DOUGLAS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN SEYMOUR RT. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS				(If outside, give location)			
3. NAME OF DECEASED (Type or print) ROBERT CONWAY LEE				4. DATE OF DEATH 2-8-58			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 20, 1890	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (City and state or country) VAN BUREN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOSHUA LEE				14. MOTHER'S MAIDEN NAME MARY ELIZABETH WHEELER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. LONA CANTRELL SEYMOUR, MO. RT. 4			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulver Pneumonia							5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart Failure							0
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 490X				
20c. TIME OF INJURY			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from 2-2-58 to 2-8-58 and last saw her alive on 2-8-58							
Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS Ava, Mo		22c. DATE SIGNED Feb 9/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-12-58		23c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEMETERY		23d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.	
24. FUNERAL DIRECTOR Max Miller Mansfield Mo				25. DATE RECD. BY LOCAL REG. 2-12-58		26. REGISTRAR'S SIGNATURE Uelal Bushman	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Birth, welfare, public service

800-56

Coroner cannot certify to a death due to natural causes.

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MAR 5 1958

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 *Max J Miller*

Licensed Embalmer No. *47*

P. O. Address *Manoqui*

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.