

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018755  
STATE FILE NUMBER

FILED JUN 13 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Webb City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune-Brooks Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route #1</b>	
3. NAME OF DECEASED (Type or print) <b>Esther Mary Lee</b>		4. DATE OF DEATH <b>June 5 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 24, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Newton County, Mo.</b>
13a. FATHER'S NAME <b>James W. Phillips</b>		13b. MOTHER'S MAIDEN NAME <b>Verdie Roper</b>	14. NAME OF HUSBAND OR WIFE <b>James W. Lee</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>James Lee, Webb City, Mo., Route #1</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis with acute myocardial failure.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Left Bundle branch block. 4330</b> DUE TO (c) <b>10 yrs.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Surgical Operation - Hysterectomy for Myomata on 6/4/58</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Carthage, Mo.</b>	
21. I attended the deceased from <b>May 2 1958</b> to <b>June 4 1958</b> and last saw her/him alive on <b>June 4, 1958</b> Death occurred at <b>2:35 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>George H. Wood</b> (Degree or title) <b>M. D.</b>	
22b. ADDRESS <b>Carthage, Mo.</b>		22c. DATE SIGNED <b>6-5-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-8-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sarcoxie Cemetery</b>
23d. LOCATION (City, town, or county) <b>Sarcoxie, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Knell Mortuary, Carthage, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-58</b>	26. REGISTRAR'S SIGNATURE <b>W. Clifton</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 50-6-1-528  
Date Filed JUN 11 1958

VS  
JAN 18 1960

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 D. L. Isbell

Licensed Embalmer No. 4970  
P. O. Address Cothage, M

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.