

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029440  
STATE FILE NUMBER

DECEASED SEP 9 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jasper		0490 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hosp.				Length of stay in 1b 2 weeks		d. STREET ADDRESS (If outside, give location) 2 miles west Jasper	
3. NAME OF DECEASED (Type or print) First Middle Last Henry Sylvester Lee				4. DATE OF DEATH Month Day Year Aug. 31, 1958			
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Dec. 4, 1910	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY Gravel Company		9. AGE (In years last birthday) 47	
13. FATHER'S NAME John Lee				14. MOTHER'S MAIDEN NAME Margaret Quinn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs. Margaret Lee, Jasper, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Ecema of the brain 2. Late chial Remnants scattered thruout the brain & neck 3. Partial destruction of the left side of cerebellum 4. Blood clot lateral Ventricle 5. Venous sinus each side of head. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coroner's Jury Verdict 983X							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Death caused primarily by a blow by William Phillips previous to his falling to the ground				
20c. TIME OF INJURY Hour Month, Day, Year 2:00 p.m. 8-17-58			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Back City Camp		20e. CITY, TOWN, OR LOCATION Municipality of Carthage Jasper Mo.		
21. I attended the deceased from _____ and last saw him alive on Aug 31 1958 Death occurred at McCune Brooks Hosp. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. W. Hurst M.D.				22b. ADDRESS 3 Mid Arts Bldg. Springfield Mo.		22c. DATE SIGNED Sept 7 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Mo.		
24. FUNERAL DIRECTOR Martin Selvey Jasper, Mo.			25. DATE RECD. BY LOCAL REG. 9-3-58		26. REGISTRAR'S SIGNATURE Ely Clinton		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
W. W. HURST, M.D.

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

MAY 6 1959

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.....  
*George W. Newcom*

Licensed Embalmer No. *46*

P. O. Address *Lockport*

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.