Health, & Welfare Public Service

S. 300
1-57

0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035876
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY COOPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) BOONVILLE — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST JOSEPH-HOSPITAL — Length of stay in 1b 3 WK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY COOPER
c. CITY OR TOWN BOONVILLE — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 904-HIGH ST — Reside on Farm Yes ☐ No ☐

0272

3. NAME OF DECEASED (Type or print) First GEORGE Middle — Last LEE

4. DATE OF DEATH Month OCT Day 19 Year 58

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH APRIL 14 1872
9. AGE (In years last birthday) 86 — 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BOONVILLE MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME GEORGE LEE
13b. MOTHER'S MAIDEN NAME LUCY FRY
14. NAME OF HUSBAND OR WIFE ANNETA LEE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 70 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 7
17. INFORMANT ANNETTA LEE Address BOONVILLE MO 904-HIGH ST

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) — 4222
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-17-58, to 10-19-58 and last saw her/him alive on 10-18-58
Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) TC Beckett md
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 10-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT 22, 58
23c. NAME OF CEMETERY OR CREMATORY CITY
23d. LOCATION (City, town, or county) BOONVILLE (State) MO

24. FUNERAL DIRECTOR H. MAY ADDRESS 814 SPORTER BOONVILLE MO
25. DATE RECD. BY LOCAL REG. 10/22/58
26. REGISTRAR'S SIGNATURE DE Hooper

(Released Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

0

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 H. Green

Licensed Embalmer No. 4220

P. O. Address Rockville Mo

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.