

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006730
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 30

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-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> 08910 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>550 EAST MAIN</u>		Length of stay in lb <u>8:00 P.M.</u>	d. STREET ADDRESS (If outside, give location) <u>550 EAST MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Jess Clarence Lee</u>			4. DATE OF DEATH Month Day Year <u>February 14, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JANUARY 26, 1886</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. <u>73</u> Months <u>0</u> Days <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINING</u>	11. BIRTHPLACE (City and state or country) <u>Rayville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. B. Lee</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET JANE SWAFFORD</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Lee</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-22-3285</u>	17. INFORMANT Address <u>Mrs. Sylvia Lee, Richmond, Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause pertinent for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)		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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE

21. I attended the deceased from 2-14-59 to 2-14-59 and last saw ^{her} DOA alive on _____
Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. A. Crozier, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Richmond, Mo.</u>	22c. DATE SIGNED <u>2-17-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>February 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNNY Slope</u>	23d. LOCATION (City, town, or country) (State) <u>Richmond, Missouri</u>
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24. FUNERAL DIRECTOR <u>West-Like Funeral Home</u> <u>Richmond, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 20 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 *[Handwritten Signature]*

Licensed Embalmer No. *4265*

P. O. Address *[Handwritten Address]*

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.