

FILED VS AUG 7 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024319
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 359

7. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Corning		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp.		Length of stay in lb	STREET ADDRESS 8038 8 Rt. 2		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Myrtle Middle Frances Last Lee			4. DATE OF DEATH July 12, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1888	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Sedwick, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Isaac Crumb		13b. MOTHER'S MAIDEN NAME Alice Beckmell		14. NAME OF HUSBAND OR WIFE Deceased	
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. None	17. INFORMANT Address Wanda Ellis Memphis, Tenn.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Glomerulonephritis, chronic, with uremia					INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) Congestive heart disease					48 hours
DUE TO (c) 592X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystitis acute with cholelithiasis.					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>7/6/59</u> to <u>7/12/59</u> and last saw her ^{her} alive on <u>7/12/59</u> Death occurred at <u>8:50 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. L. May, Jr.</i> A. L. May, Jr., M.D.			22b. ADDRESS B30N. 2nd St. - Poplar Bluff, Mo.		22c. DATE SIGNED 7/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-15-59	23c. NAME OF CEMETERY OR CREMATORY Corning Cemetery		23d. LOCATION (City, town, or county) (State) Corning, Arkansas
24. FUNERAL DIRECTOR Russell-Ermert		ADDRESS Box 377 Corning, Ark.		25. DATE RECD. BY LOCAL REG. 7/30/59	26. REGISTRAR'S SIGNATURE <i>R. Muehler</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 193.140 MOKS 1947.
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.

