

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031457

FILED VS SEP 21 1959

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **438**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 14 days	c. CITY OR TOWN Braymer Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lillie Middle Eugene Last McBee			4. DATE OF DEATH Month Sept. Day 15 Year 1959			
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5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-7-09	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) Unknown	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John S Bennett	13b. MOTHER'S MAIDEN NAME Linnie E. West	14. NAME OF HUSBAND OR WIFE Jesse E. McBee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="radio"/> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 426-24-6266	17. INFORMANT Hospital Chart	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cor Pulmonale		40 yrs?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Obstructive Emphysema	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 9-1-59 to 9-15-59 and last saw her alive on 9-15-59 Death occurred at 10³⁰ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Robt. E. Stuffleban M.D.	22b. ADDRESS Univ. Mo. Med. Center	22c. DATE SIGNED 9-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/18/1959	23c. NAME OF CEMETERY OR CREMATORY Braymer Cemetery	23d. LOCATION (City, town, or county) (State) Braymer Missouri
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24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Sept 16, 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 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

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George A. Van

Licensed Embalmer No. 442

P. O. Address Colum

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.