

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-032495**

**FILED OCT 13 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4639 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSISSIPPI</b> COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in lb <b>2 months</b>	c. CITY OR TOWN <b>BAY SPRINGS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2325 Bellefontaine</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>LEE VESTER</b>	First Middle Last <b>MOSLEY</b>	4. DATE OF DEATH <b>Sept. 20, 1959</b>
--	------------------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 3, 1940</b>	9. AGE (last birthday) <b>19 yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--	---	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Kitchen helper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Macy's Dept. Store</b>	11. BIRTHPLACE (City and state or country) <b>Mont Rose, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
--	--	---	---

13a. FATHER'S NAME <b>Frank Mosley</b>	13b. MOTHER'S MAIDEN NAME <b>Lula J. Moncrief</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>425-80-7711</b>	17. INFORMANT <b>Evelyn Hall 2325 Bellefontaine Aunt</b>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Congestion</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Acute Dilatation Left Heart</b>	
	DUE TO (c) <b>Cardiac Hypertrophy (Cor Bovinus)</b>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.)
20c. TIME OF INJURY Hour a.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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Deputy Coroner</b>	22b. ADDRESS <b>1618 Lydia Ave</b>	22c. DATE SIGNED <b>9/21/59</b>
---	---------------------------------------	------------------------------------

23a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>	23b. DATE <b>9-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview, Mississippi</b>	23d. LOCATION (City, town, or county) (State)
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home 18th &amp; Benton Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>9-23-59</b>	26. REGISTRAR'S SIGNATURE <b>New Marshall</b>
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

M. Tillman

BY AFFIDAVIT OF

**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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th + B

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.