...OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 450

59–039187
STATE FILE NUMBER

...MENDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 11 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Southeast Mo. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Gir.
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 123 A N. Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lee Middle: NONE Last: Dillard
4. DATE OF DEATH: Month November Day 21 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: April ?
9. AGE (last birthday): 74 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Trades
11. BIRTHPLACE (City and state or country): Marshton, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: 489-12-3556
17. INFORMANT: Thad Bullock Address: Cape Gir., Mo.

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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days
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): arterio sclerosis generalized
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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

BY AFFIDAVIT OF

21. I attended the deceased from 11-15-59, to 11-21-59 and last saw her/him alive on 11-21-59
Death occurred at 9 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward P. Campbell M. D. (Degree or title)
22b. ADDRESS: Cape Girardeau Mo.
22c. DATE SIGNED: 11-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: ~~11-24~~ 11-24-59
23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: Ford & Sons ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 12-4-59
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

Campbell

FEB 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. J. Zoel

Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo

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