

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 5 2 4
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 15 yrs	c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 809 Oak St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HAZEL Middle M. Last LEE			4. DATE OF DEATH Month Dec Day 8 , 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 6-5-1899	9. AGE (last birthday) 59 60	IF UNDER 1 YEAR Months 59 Days 60	IF UNDER 24 HR Hours 60 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) licensed beautician	10b. KIND OF BUSINESS OR INDUSTRY beauty operator	11. BIRTHPLACE (City and state or country) Marshfield, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ulysses Poindexter	13b. MOTHER'S MAIDEN NAME Rosa Stovall	14. NAME OF HUSBAND OR WIFE T. L. Lee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 486-32-8423	17. INFORMANT Address T.L.Lee, 809 Oak, Carthage, Mo
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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: IMMEDIATE CAUSE (a) Carcinoma of ovary		INTERVAL BETWEEN ONSET AND DEATH 14 mo.
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)	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
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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.)
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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
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21. I attended the deceased from **8-23-49** to **12-8-59** and last saw her/him alive on **12-8-59**
Death occurred at **2:10 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank H. Binmer MD	22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 12-9-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-10-59	23c. NAME OF CEMETERY OR CREMATORY Marshfield Cemetery	23d. LOCATION (City, town, or county) (State) Marshfield, Mo
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24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo	25. DATE RECD. BY LOCAL REG. 12-10-59	26. REGISTRAR'S SIGNATURE Edw Clinton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 18 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 _____

Robert H. Knell

Licensed Embalmer No. _____

4459

P. O. Address _____

Carthage

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.