

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023863

FILED VS JUL 11 1960

218

Primary Registration District No. 4330

Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MISSISSIPPI				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MISSISSIPPI						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN EAST PRAIRIE, MO.		Length of stay in 1b		c. CITY OR TOWN EAST PRAIRIE, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 508 S. MARTIN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 508 S. MARTIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last RAIDT E. LEE				4. DATE OF DEATH Month Day Year JUNE 16 1960						
5. SEX male	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 4-17-1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) near NEW MADRID, MO.		CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME LUTHER LOUIS LEE			13b. MOTHER'S MAIDEN NAME ALPHA RAIDT			14. NAME OF HUSBAND OR WIFE GLADYS LEE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. -		17. INFORMANT Address MRS. GLADYS LEE 508 S. MARTIN					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary sclerosis DUE TO (c) hypercholesteremia						EAST PRAIRIE, MO.			INTERVAL BETWEEN ONSET AND DEATH 1 hour 4 years	
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 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 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		
I attended the deceased from Nov. 1955 to June 1960 and last saw her alive on Dec 29, 1959 death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. NATURE (Degree or title) M.D. Davis M.D.				22b. ADDRESS Charleston Mo			22c. DATE SIGNED 6-25-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-18-1960	23c. NAME OF CEMETERY OR CREMATORY ODDFELLOW CEMETERY		23d. LOCATION (City, town, or county) (State) CHARLESTON MISSOURI					
24. FUNERAL DIRECTOR ADDRESS SHELBY FUNERAL HOME EAST PRAIRIE, MISSOURI				25. DATE RECD. BY LOCAL REG. 6-28-60		26. REGISTRAR'S SIGNATURE Bertrude G. Harper				

DOCUMENT

MEDICAL CERTIFICATION

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 Travis Shelby

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.