

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043221

VS NOV 30 1960

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 38 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Appleton City		Length of stay in lb 56yrs	c. CITY OR TOWN Appleton City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 N. Hickory Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Frank Middle - Last Lee			4. DATE OF DEATH Month Nov. Day 24 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN-1-1924	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mortician		10b. KIND OF BUSINESS OR INDUSTRY Butler, Mo.		11. BIRTHPLACE (City and state or country) Butler, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A	

13a. FATHER'S NAME Charley Lee		13b. MOTHER'S MAIDEN NAME Kizzie Roberts		14. NAME OF HUSBAND OR WIFE Mrs Ralph Newcomb, Appleton City, Mo.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Ralph Newcomb, Appleton City, 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:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Failure			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c) Chronic Asthma		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis			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.)	
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20c. TIME OF INJURY Hour 10:30 a.m. PM Month, Day, Year July 1960	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 Appleton City, Mo.	COUNTY St. Clair STATE Mo.
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21. I attended the deceased from **July 1960** to **24 Nov 1960** and last saw ^{her} **alive** on **24 Nov 1960**
Death occurred at **10:30 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.E. Banks, M.D. (Degree or title)	22b. ADDRESS Appleton City, Mo.	22c. DATE SIGNED 11/24/60 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov-26-1960	23c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery	23d. LOCATION (City, town, or county) Appleton City, Mo.
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24. FUNERAL DIRECTOR Melvin L. Janssens, Appleton City	25. DATE RECD. BY LOCAL REG. Nov. 26, 1960	26. REGISTRAR'S SIGNATURE Ch. Arney
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

JAN 17 1961

JAN 20 1961

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 Melvin L. Jansse
Licensed Embalmer No. 452

P. O. Address Appleton

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.