

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# =60-045138

FILED VS. JAN 3 1961

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Primary Registration District No. 3006

Registrar's No. 723

STATE FILE NUMBER

MBED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>30 yrs</b>	c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>B. County Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>123 South Fifth St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Raymond</b> Last <b>Lease</b>			4. DATE OF DEATH Month <b>12</b> Day <b>27</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/8/1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Poultry Business</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (City and state or country) <b>Centralia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Orello George Lease</b>		13b. MOTHER'S MAIDEN NAME <b>Nora E. Horne</b>		14. NAME OF HUSBAND OR WIFE <b>Nina Lease (Dec.)</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>490-07-3262</b>	17. INFORMANT <b>Judge Lange Columbia, Mo.</b> Address _____				
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>INTRACEREBRAL HEMORRHAGE, LEFT HEMISPHERE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <b>hypertensive</b> DUE TO <b>hypertensive VASC. DISEASE</b>					<b>SEVERAL YEARS</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 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	
21. I attended the deceased from <b>12-26-60</b> to <b>12-27-60</b> and last saw her/him alive on <b>12-27-60</b> Death occurred at <b>12-27-60 10:20</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Lyman Sprinkle</b> (Deceased or title)			22b. ADDRESS <b>22 N 8th Columbia, Mo.</b>		22c. DATE SIGNED <b>12-29-60</b>		
23a. BURIAL CREMATION OR REMOVAL (Specify) <b>Burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Centralia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Missouri</b>				
24. FUNERAL DIRECTOR <b>Lyman Sprinkle Columbia, Mo.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>Dec 30 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>				

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Reer

Licensed Embalmer No. 5109

P. O. Address Columbia

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