

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002248

FILED VS. JAN 24 1961

209

Primary Registration District No. 3043

Registrar's No. 18

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b <b>lifetime</b>		c. CITY OR TOWN <b>Hannibal</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>Levering Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>827 Woodrow</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>E.</b> Last <b>LEE</b>				4. DATE OF DEATH Month <b>January</b> Day <b>12</b> , Year <b>1961</b>															
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/4/1899</b>		9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>construction co.</b>			11. BIRTHPLACE (City and state or country) <b>New London, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>United States</b>										
13a. FATHER'S NAME <b>Louis Lee</b>				13b. MOTHER'S MAIDEN NAME <b>Iva Graham</b>				14. NAME OF HUSBAND OR WIFE											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I and W.W.II</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Ray McCullough, St. Louis, 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>Cerebral metastasis:</b> <b>Bronchio genic carcinoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>6 months</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"/> N. <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>Hannibal Marion Mo</b>		COUNTY <b>Mo</b>		STATE	
21. I attended the deceased from <b>11/6/60</b> to <b>1/12/61</b> and last saw <b>her</b> him alive on <b>1/12/61</b> Death occurred at <b>8:10 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										22a. SIGNATURE (Degree or title) <b>J. H. Waterscheid M.D.</b>		22b. ADDRESS <b>1209 Broadway, Hannibal, Mo.</b>				22c. DATE SIGNED <b>1/13/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1/14/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>											
24. FUNERAL DIRECTOR <b>Jack Selwitz - Hannibal, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>1/17/61</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke by Gillian M. Herman</b>													

**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 *John Schwartz*

Licensed Embalmer No. 4900

P. O. Address Hennipel, Minn.

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.