SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Exon

-61-013098

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 110

FILED APR 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b: 1 Wk.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 705 Mulberry St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Esther Middle Lavina Last Lee

4. DATE OF DEATH Month April Day 12, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11-9-1907

9. AGE (last birthday) 53

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operater

10b. KIND OF BUSINESS OR INDUSTRY Shoe factory

11. BIRTHPLACE (City and state or country) Crawford County

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jesse Cox

13b. MOTHER'S MAIDEN NAME Mary Jones

14. NAME OF HUSBAND OR WIFE Charles Wm. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

17. INFORMANT Address Everett M. Lee, Jefferson City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis (primary Transverse Colon) — INTERVAL BETWEEN ONSET AND DEATH: unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 8-1-60, to 4-12-61 and last saw her alive on 4-12-61

Death occurred at 1:20 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD.

22b. ADDRESS 515 E. High St.

22c. DATE SIGNED 4-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-15-1961

23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR ADDRESS Gideon N. Houser, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG. 17 April 1961

26. REGISTRAR'S SIGNATURE R.P. Harris, MD - N. Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

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.