

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-017103
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 513

FILED MAY 29 1961

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Length of stay in 1b <u>19 hours</u> | c. CITY OR TOWN <u>Chadwick</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge-Protestant Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>no street address</u> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Oren</u> Last <u>Lee</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/18/1961</u> | 9. AGE (last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>19</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (City and state or country) <u>Springfield, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Charles H. Lee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jewell Nadine Jones</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT <u>Charles H. Lee, Chadwick, Missouri</u> | |
| | | | | 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) <u>Immaturity</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>19 hrs</u> |
| DUE TO (b) <u>Premature birth</u> | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 | COUNTY STATE |
| 21. I attended the deceased from <u>May 18</u> to <u>May 19</u> and last saw her/him alive on <u>May 19th</u> . Death occurred at <u>10</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

| | | | | |
|--|-------------------------------|--|--|--|
| 22. SIGNATURE (Degree or title) <u>Reynold A. Christie, Jr.</u> | | 22b. ADDRESS <u>Springfield, Mo.</u> | | 22c. DATE SIGNED <u>5/23/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/21/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Chadwick Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>J. Alan Harris,</u> | | ADDRESS <u>Clever, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5-25-61</u> | 26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u> |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

Student _____
Signature of Student Embalmer

Signed J. Hlean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.