

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030500

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 317

STATE FILE NUMBER

AMENDED

4. PLACE OF BIRTH 17 1961  
 a. COUNTY St. Francois  
 b. CITY (if outside corporate limits, give TOWNSHIP only) Bonne Terre Length of stay in 1b 1 day  
 c. FULL NAME OF (if NOT in hospital, give location) Bonne Terre Hospital Inside Limits Yes  No   
 d. STREET ADDRESS 401 South Henry (if outside, give location) Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY St. Francois  
 c. CITY OR TOWN Farmington Inside Limits Yes  No

3. NAME OF DECEASED (Type or print) First Effie Middle Ellen Last Lees 4. DATE OF DEATH Month August Day 10 Year 1961

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4/13/80 9. AGE (last birthday) 81 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) Huon, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME J. A. Allen 13b. MOTHER'S MAIDEN NAME Henrietta (Townsend) 14. NAME OF HUSBAND OR WIFE Augustus Lees (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Marvin Thomas Address 4410 Louisiana St St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 5 yrs.  
 DUE TO (b) Diabetes years  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Developed terminal Uremia (for 2 months) 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 8-21-60 to 8-10-61 and last saw her <sup>her</sup> <sub>him</sub> alive on 8-10-61  
 Death occurred at 9:40 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Huckstep M.D. 22b. ADDRESS Farmington Mo 22c. DATE SIGNED 8/14/61 (State) \_\_\_\_\_

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 8/14/61 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery 23d. LOCATION (City, town, or county) St. Genevieve County Mo. (State) \_\_\_\_\_

24. FUNERAL DIRECTOR Alvin W. Hood, Flat River, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. Aug 14, 1961 26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AUG 18 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 Alvin W. Hood

Licensed Embalmer No. 2786

P. O. Address Heat River

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.