

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043590

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 738

FILED DEC 18 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 2 DAYS	c. CITY OR TOWN Jefferson City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 715 E. Elm
3. NAME OF DECEASED (Type or print) First HENRY Middle WILLIAM Last LEE			4. DATE OF DEATH Month Dec. Day 10 Year 1961
5. SEX MALE	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 30 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) 60
13a. FATHER'S NAME ALMOUS LEE		13b. MOTHER'S MAIDEN NAME CREECY Graham	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE ELMOSSIE LEE	
17. INFORMANT U. Medical Records, Stadium Rd			12. CITIZEN OF WHAT COUNTRY U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROB. MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH TERMINAL
DUPLICATE TO (b) LUETIC AORTITIS + VALVULITIS			YRS
DUPLICATE TO (c) AND GEN. ARTERIOSCLEROSIS + ASHD			YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETUS MELLITUS, MILD.			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 12-8-61 , to 12-10-61 and last saw him alive on 12-10-61 Death occurred at 1030 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. E. Broadhead M.D.		22b. ADDRESS UNIVERSITY HOSPITAL COLUMBIA, MO.	22c. DATE SIGNED 12-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/14/61	23c. NAME OF CEMETERY OR CREMATORY Longview	23d. LOCATION (City, town, county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Sylvester Dulle		ADDRESS J.C. No.	25. DATE RECD. BY LOCAL REG Dec 10 1961
			26. REGISTRAR'S SIGNATURE Mrs R E Palmer

VS DEC 19 1961

DEC 1 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 Sylvester Dulle

Licensed Embalmer No. 4321

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.