MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

1 -62-000876

STATE FILE NUMBER

AMENDED

Registration District No. 82 Primary Registration District No. 5319 Registrar's No. ~~5319~~

FILED JAN 15 1962

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: atterville
Length of stay in 1b: 35 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 miles North
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN: atterville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 miles North
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First SARAH Middle MAE Last WEE

4. DATE OF DEATH: Month Jan Day 3 Year 1962

5. SEX: Fe
6. COLOR OR RACE: wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 9, 1921
9. AGE (Last birthday): 40
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: home
11. BIRTHPLACE (City and state or country): Warsaw Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Walter Malcum
13b. MOTHER'S MAIDEN NAME: Bessie Henderson
14. NAME OF HUSBAND OR WIFE: Lawrence Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Lawrence Lee, Address: atterville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL HEMORRHAGE	12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	METASTATIC CARCINOMA	4 mos.
DUE TO (c)	GLIOBLASTOMA MULTIFORME	6 mos

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 5/25/46, to 1/3/62 and last saw her ~~him~~ alive on 1/3/62
Death occurred at 6:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) M.D.
22b. ADDRESS: Sedalia, Mo.
22c. DATE SIGNED: 1/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 5, 62
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F Ceme
23d. LOCATION (City, town, or county) (State): atterville, Mo.

24. FUNERAL DIRECTOR: Hays-Painter, ADDRESS: atterville Mo
25. DATE RECD. BY LOCAL REG.: 1/5/62
26. REGISTRAR'S SIGNATURE: D. C. Hooper

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 29 1962

JAN 18 1962

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Atterville, N

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.