

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034581

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 5886 Registrar's No. 46

FILED OCT 8 1962

VS 300
Rev. 4/59

1 0460
2 0460
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4 0
5 1
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7 0
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9 331X
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12 2-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goldsberry		c. CITY OR TOWN Mtn. View, (Rural)	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) Rural Route 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jessie L. Lee			4. DATE OF DEATH Month Day Year September 27, 1962
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/19/1892
9. AGE (last birthday) 70		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) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mtn. View, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William C. Lee	
13b. MOTHER'S MAIDEN NAME Mary M. Phipps		14. NAME OF HUSBAND OR WIFE Mary A. Lee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mary Lee Mtn. View, Mo. Rt. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerosis generalized			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus			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 Sept 25 to Sept 27 and last saw her him alive on Sept 26 Death occurred at Sept 27 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. C. Walton M.D. (Degree or title)		22b. ADDRESS Mtn. View, Mo.	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/30/62	
23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetery		23d. LOCATION (City, town, or county) (State) Mtn. View, Missouri	
24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo.		25. DATE RECD. BY LOCAL REG. 10-1-62	
26. REGISTRAR'S SIGNATURE Loyron Mitchell			

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 10 1962

To Doctor: 10: A.M. ; 9/28/62

Rec'd from Dr: .9:45 A.M. 10/1/62

OCT 17 1962

To Local Registrar: 10:00 A.M. 10/1/62

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 Charles D. Cartain

Licensed Embalmer No. 5187

P. O. Address Mr. Weir, 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.