

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035190

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 499

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 8 1962**

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 21 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1126 Sergeant Ave. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jasper  
 c. CITY OR TOWN Joplin Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1126 Sergeant Avenue Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First EVERETT Middle DELBERT Last LEE 4. DATE OF DEATH Month October Day 4 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-15-1888 9. AGE (last birthday) 74 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) retired-track repair 10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad 11. BIRTHPLACE (City and state or country) Miller County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jeff Lee 13b. MOTHER'S MAIDEN NAME Dora 14. NAME OF HUSBAND OR WIFE Josephine Lee, dec'd 2-6-62

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Son- Address Jeff H. Lee, 1905 W. 32nd St., Joplin, 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) Shot himself through the zyphoid process INTERVAL BETWEEN ONSET AND DEATH 2 mins.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ 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.  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.) Mr. Lee walked out on his front porch and

20c. TIME OF INJURY Hour 4:08 a.m. 10-4-62 Month, Day, Year shot himself with a .32 caliber revolver.

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.) 1126 Sergeant 20f. CITY, TOWN, OR LOCATION Joplin COUNTY Jasper STATE Missouri

21. I attended the deceased from did not to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at 4:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mendell F. Fisher CORNER 22b. ADDRESS 508 Frisco Building, Joplin, Mo. 22c. DATE SIGNED 10-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-8-62 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery, 23d. LOCATION (City, town, or county) Joplin, Missouri (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS 25. DATE RECD. BY LOCAL REG. 10-5-1962 26. REGISTRAR'S SIGNATURE Dore Merriam

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 16 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 Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin, 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.