

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041432

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 55

FILED OCT 29 1962

VS 300  
Rev. 4/59

1 1141

2 1140

3

4 0

5 1

6

7 0

8 2

99106

10 10

11 114

12 91-2

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 <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mountain Grove</u>			Length of stay in lb <u>4 hours</u>	c. CITY OR TOWN <u>Manes</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Ellis Garage - W. Hwy. 60</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>	
3. NAME OF DECEASED (Type or print)		First <u>JOHN</u>		Middle <u>THOMAS</u>		Last <u>LEE</u>	
4. DATE OF DEATH		Month <u>October</u>		Day <u>20</u>		Year <u>1962</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/29/1902</u>	
9. AGE (last birthday) <u>60 Years</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		11. BIRTHPLACE (City and state or country) <u>Plato, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Oscar Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Williams Lee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs Opal Lee - Mountain Grove, Missouri</u>			
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) <u>Rupture of Abdominal Aorta</u>							
DUE TO (b) <u>Crushing Injury to Lower Rib Cage</u>							
DUE TO (c) <u>Automobile Falling on Chest &amp; Abdomen</u>							
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. <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 checked="" 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.) <u>Automobile Fell off Jack on Chest &amp; Abdomen</u>			
20c. TIME OF INJURY <u>6:15 p.m. Oct 20 1962</u>							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>At Garage</u>		20f. CITY, TOWN, OR LOCATION <u>Mtn. Grove</u>		COUNTY <u>Wright</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>10-20-62</u> to <u>10-20-62</u> and last saw him <sup>alive</sup> on <u>10-20-62</u> Death occurred at <u>11:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE <u>Richard G. Mitchell MD</u> (Degree or title)				22a. ADDRESS <u>Mtn. Grove, Mo.</u>		22c. DATE SIGNED <u>10-23-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/23/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Manes Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Manes, Missouri</u>	
24. FUNERAL DIRECTOR <u>Barber Funeral Home - Mtn. Grove, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-23-62</u>		26. REGISTRAR'S SIGNATURE <u>Blanche L. Sherman</u>	

USE BLACK INK OR TYPEWRITER RIBBON

OCT 30 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 Sam Stapp

Licensed Embalmer No. 3161

P. O. Address W. Greene, 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.