

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035460

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 78 Primary Registration District No. 3014 Registrar's No. 113

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>460 N. Prairie</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>460 N. Prairie</u>	
3. NAME OF DECEASED (Type of print) <u>Elnora Lee</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>29</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-30-1889</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the Home</u>		11. BIRTHPLACE (City and state or country) <u>Clay Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Murray</u>	
14. NAME OF HUSBAND OR WIFE <u>W. F. Lee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Louetta Meister, 460 N. Prairie</u>		Address <u>Liberty, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory failure</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Diabetes mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		20. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u>		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.)	
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 <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>June 1963</u> , to <u>Sept 28, 1963</u> and last saw her ^{her} _{him} alive on <u>Sept 28, 1963</u> Death occurred at <u>2 00 A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R.P. Bowler, MD</u>		(Degree or title)		22b. ADDRESS <u>Liberty, Missouri</u>	
22c. DATE SIGNED <u>9/29/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-3-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Liberty, Clay, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Pasley Funeral Home, Liberty, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Oct 1, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Nobel Strehlow</u>					

VS 300
Rev. 4/59

1 6003

2 6003-

3

4 9

5 2

6

7 0

8 0

9 4500

10

11

12 90-0

13 30

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

EN

408

87



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 John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.

Handwritten notes at the bottom left, including "John Pasley" and "4308".