No. 300
—10-47
5-17-39
P I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 25 1948
Registration District No. 13

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31930
Primary Registration District No. 3003
Registrar's No. 73

1. PLACE OF DEATH:
(a) County: Barry 002
(b) City or town: Monett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days) In this community Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence 53
(c) City or town: Verona 0 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CHARLES E. LEE
3. (b) If veteran, name war:
3. (c) Social Security No. 702-03-6128
4. Sex: Male 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Tena Lee
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Nov. (Month) 17 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	9	hr. min.

9. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Retired Railroader
11. Industry or business:
FATHER 12. Name: James R. Lee
13. Birthplace: Va. (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name: Mary Turner
15. Birthplace: Va. (City, town, or county) 1 (State or foreign country)
16. (a) Informant: Mrs. Charles Lee
(b) Address: Verona, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lee Cem., Lawrence Co.
18. (a) Signature of funeral director: [illegible]
(b) Address: Aurora, Mo.
19. (a) 10-18-48 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Septl day 26 year 1948 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from 9/26/48 to 9/26/48, 19..; that I last saw him alive on 9/26/48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to: Hypertension	several yrs
Due to: Myocarditis	several yrs
Other conditions (Include pregnancy within 3 months of death): possible mesenteric thrombosis	

Major findings:
Of operations: 0
Of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: F. J. Mainnighoff (M. D. or other)
Address: Monett Mo. Date signed 10/11/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1948
RECEIVED
District Health Officer No. 6
District File Number 1048-1187
Date Filed 10-23-48
MAR 1 1949
OCT 27 1948

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John King

Licensed Embalmer No. 3529

P. O. Address Aurora, 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 this body is not embalmed, fact should be so stated above.