

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1727

BIRTH NO. 49-002750 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 76

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0  
0

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

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEXINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEXINGTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RURAL 1</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>EUGENE</b> c. (Last) <b>LEE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-15-1949</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>1-15-1949</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>8</b> # UNDER 1 YEAR Months <b>0</b> # UNDER 12 HRS. Hours <b>0</b> Min. <b>0</b>
11. BIRTHPLACE (State or foreign country) <b>LEXINGTON MO</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>MARVIN LEE</b>		13b. MOTHER'S MAIDEN NAME <b>JEANETTE MALHOTTA</b>	
14. NAME OF HUSBAND OR WIFE <b>-</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Father Marvin Lee Lee</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Baby (7 mo)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lexington Lafayette Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-12</b> , 19 <b>49</b> , to _____, 19____, that I last saw the deceased alive on <b>1-12</b> , 19 <b>49</b> , and that death occurred at <b>4:00 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Gen. Ward md</b> (Degree or title)		23b. ADDRESS <b>Lexington Mo</b>	23c. DATE SIGNED <b>1-17-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MARSHALL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>LEXINGTON MO</b>
DATE REC'D BY LOCAL REG. <b>Jan 26-49</b>	REGISTRAR'S SIGNATURE <b>156</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FORREST &amp; TEMPLE LEX. MO</b>	

WARD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-10-49

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.

Signed [Signature]

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lehigh Valley

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.