

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9106

58000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>185</u>		PRIMARY REG. DIST. NO. <u>5692</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Parson Creek Twp.</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Parson Creek Twp.</u>		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles southeast of Meadville</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles S.E. of Meadville</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>December 10, 1910</u>		
9. AGE (In years last birthday) <u>38</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>38</u>		
11. BIRTHPLACE (State or foreign country) <u>Meadville, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William E. Lee</u>			13b. MOTHER'S MAIDEN NAME <u>Leorra May Strickler</u>			14. NAME OF HUSBAND OR WIFE <u>None</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. E. Lee; Meadville, Missouri</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulated Left inguinal Hernia.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Helpless cripple due to Infantile Paralysis in childhood</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Mar 13<sup>th</sup></u> <u>Mar 21</u> <u>1949</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>3610</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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 <u>March 14, 1949</u> , to <u>March 21, 1949</u> , that I last saw the deceased alive on <u>March 20, 1949</u> , and that death occurred at <u>March</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John W. Hardy MD</u>				23b. ADDRESS <u>Summer Mo</u>		23c. DATE SIGNED <u>3/23/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u>		24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 23-1949</u>		REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>169</u>		ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed Edward F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.

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.