S. No. 300
. 10-48

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16377

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 30 30 Registrar's No. 9

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1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Festus
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson 50
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hematite RURAL 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle):
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): Feb 22 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 16, 1863
9. AGE (In years last birthday): 85/2/8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Cedar Hill Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Lalgatti Graham
13b. MOTHER'S MAIDEN NAME: Elizibeth Hilderbrand
14. NAME OF HUSBAND OR WIFE: Silas G. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Thomas Cooper Hematite, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of face and mandible — INTERVAL BETWEEN ONSET AND DEATH: about 6 months

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.

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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-29, 1948, *to* 2-22, 1949, *that I last saw the deceased alive on* 2-21, 1949, *and that death occurred at* 11:46P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Donnell, M.D. 0
23b. ADDRESS: Crystal City, Mo.
23c. DATE SIGNED: 2-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/49
24c. NAME OF CEMETERY OR CREMATORY: Heamtite Christien
24d. LOCATION (City, town, or county) (State): Hematite, Mo.

DATE REC'D BY LOCAL REG.: Mar 8, 1949
REGISTRAR'S SIGNATURE: Cleora Bellevue 142
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. F. Vinyard 120 Main Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number MAY 24 1949
Date Filed

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 H. H. Winyard

Licensed Embalmer No. 3010

P. O. Address Festus Mo

Signed _____
Student Embalmer

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.