

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31067

State File No. 310 310

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 310 310

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>	c. LENGTH OF STAY (in this place) <u>11</u> <u>3</u> <u>YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SANTA FE</u> <u>61</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LONG REST HOME 3301 MARKET</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u> <u>00</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>E.</u> c. (Last) <u>LEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 15, 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 17, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	9. AGE (In years last birthday) <u>85</u>
		11. BIRTHPLACE (State or foreign country) <u>MONROE CO., MO.</u>	12. COUNTRY OF WHAT CITIZEN? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DAVID LEE</u>		13b. MOTHER'S MAIDEN NAME (First name N.K.) <u>JACKSON</u>	14. NAME OF HUSBAND OR WIFE <u>NEELEY 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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DELBERT VANLANDINGHAM MOLINGMO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>arteriosclerotic heart disease</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		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>Jan 20, 1949</u> , to <u>Sept 15, 1949</u> , that I last saw the deceased alive on <u>14 Sept, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. A. O'Brien M.D.</u> (Degree or title)		23b. ADDRESS <u>BLDG. 7 LOAN BLDG. HANNIBAL, MISSOURI</u>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-17-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SANTA FE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SANTA FE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed & Blakely Paris, Mo.</u>	

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

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 *E. W. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.