

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**33305**

State File No. \_\_\_\_\_

**FILED OCT 18 1949**

No. 300  
10.48  
24

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 107

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Clay</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Mo. 22 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital, Excelsior Springs, Missouri</u>			d. STREET ADDRESS (If rural, give location) <u>313 W. 20th Street</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>James</u>	b. (Middle) <u>H</u>	c. (Last) <u>Lee</u>	Oct. <u>7</u> 1949		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Black</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>February 14 1883</u>		<b>9. AGE</b> (In years last birthday) <u>66</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Pine Bluff, Arkansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Billy Lee</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nettie Tukes</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>---</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>World War I 493303262</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>VA Hospital Records, Excelsior Springs, Mo</u>	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Tuberculous meningitis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>18 days</u>
	<b>ANTECEDENT CAUSES</b> <u>Tuberculosis, pulmonary, far advanced, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	<b>DUE TO (b) active.</b>		
	<b>DUE TO (c) Arteriosclerotic heart disease</b>		<u>Unknown</u>
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>202X</u>

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from August 15, 1949, to Oct. 7, 1949, that I last saw the deceased ~~on October 18, 1949~~ and that death occurred at 7:50 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>Excelsior Springs, Missouri</u>	<b>23c. DATE SIGNED</b> <u>10-10-49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>10-10-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Wadsworth</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wadsworth, Kansas</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10/10/49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Caroline Hutchings</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hope General Home Ex. Springs</u>	<b>ADDRESS</b> _____
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(Licensed Embalmers' Statement of Reverse Side)

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

RECEIVED

OCT 14

District Health Officer No. 8,

District File Number

Date Filed

10-15-49

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

*Gas A. Mole*

Licensed Embalmer No.

3296

P. O. Address

*Ex Spring, 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.