

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38361

88
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>6016</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Silver Creek Twp.</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Silver Creek Township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roanoke; R.F.D.#1</u>				d. STREET ADDRESS (If rural, give location) <u>Roanoke; R.F.D.#1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rissie</u>			b. (Middle) _____		c. (Last) <u>Lee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 7, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-6-1910</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Month Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Payne</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Wayland</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Lee; Roanoke, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc.—It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					D.K.		
	DUE TO (c) <u>none</u>							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					<u>42m</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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 OF INJURY (Month) (Day) (Year) (Hour) _____		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>Nov 4, 1949</u> , to <u>Nov 7, 1949</u> , that I last saw the deceased alive on <u>Nov 7, 1949</u> , and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M.D. Dreyer M.D.</u>				23b. ADDRESS <u>Sumterville Mo</u>		23c. DATE SIGNED <u>11/12/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-12-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Hunter</u>		ADDRESS <u>Sumterville</u>		

MD

RECEIVED NOV 15 1919
District Health Officer No. 10
District File Number 11-49-1217
Date Filed NOV 15 1919

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 Tom B Patton.....

Licensed Embalmer No. 3914.....

P. O. Address Huntville W.....

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.