

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40443

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> ( <u>1</u> township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diehlstadt and vicinity</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 3 mi South</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>		b. (Middle) <u>Boston</u>	
		c. (Last) <u>Lee</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12/6/49</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15, 1891</u>
9. AGE (In years last birthday) <u>58</u>		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) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm and Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Bertrand, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Dalilah Weiss</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Faye McClanahan, Diehlstadt, Mo</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock</u>  ANTECEDENT CAUSES DUE TO (b) <u>Intestinal Obstruction with Acute Dilatation of the Stomach</u> DUE TO (c) <u>Carcinoma Gallbladder</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>155X</u>	
19a. DATE OF OPERATION <u>Dec. 6, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute Dilatation of Stomach &amp; Carcinoma Gallbladder</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) 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>Dec 6, 1949</u> , to <u>Dec. 6, 1949</u> , that I last saw the deceased alive on <u>Dec. 6, 1949</u> , and that death occurred at <u>10:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>N. J. Newell</u> (Degree or title)		23b. ADDRESS <u>1002 1/2 105 S. Spaniel Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>Dec. 11, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/9/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Armer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bertrand, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-12-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John H. ...</u>		ADDRESS <u>THE NUNNELEE FUNERAL CHAPEL - Charleston, Mo</u>	

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

16  
4

V.S.  
REV.

12-19-49

Receipt for No. 4  
File Number 1249-164  
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

*John P. Krummel Jr.*

Signed.....

Student Embalmer

Licensed Embalmer No. 3851

P. O. Address *Charleston, Mo*

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.