

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15935

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 624

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u> <u>0251</u>	
c. LENGTH OF STAY (in this place) <u>742.3 m &amp; days</u>		d. STREET ADDRESS (If rural, give location) <u>County Infirmary</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	
8. DATE OF BIRTH <u>Oct 10 1868</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: MONTHS <u>7</u> DAYS <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Grinnell Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Faircloth</u>		14. NAME OF HUSBAND OR WIFE <u>not given</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>County Court Plattsburg Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>U221</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 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 May 1, 1950, to May 23, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas M D</u>		23b. ADDRESS <u>St Joseph Mo 70 State Hospital no 2</u>		23c. DATE SIGNED <u>5/23-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirkeville Anatomical School</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkeville, Missouri.</u>					

DATE REC'D BY LOCAL REG. <u>May 29, 1950</u>		REGISTRAR'S SIGNATURE <u>G. L. Jenkins 382</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Platter Meierhoffer</u>		ADDRESS <u>1046 G. I. Brown St. St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01117

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~~\*\*\*\*\*

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Student Embalmer No. ....

working under my personal supervision.

Signed *Albert C. Farrington* .....

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Signed .....

Student Embalmer

Licensed Embalmer No. 3258 Missouri .....

P. O. Address St. Joseph, 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.