

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 96

1. PLACE OF DEATH  
 a. COUNTY Howell  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains  
 c. LENGTH OF STAY (In this place) 31 Yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Howell  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, Missouri  
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
 a. (First) JAMES b. (Middle) OLIVER c. (Last) LEE  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
May 17 1950  
 5. SEX Male 6. COLOR OR RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed 8. DATE OF BIRTH Oct. 3 1873 9. AGE (In years last birthday) 76  
 # UNDER 1 YEAR 7 # UNDER 1 MIN. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Carpenter 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (State or foreign country) Jamestown, Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Minnie Beil Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Clarence Lee ADDRESS West Plains, Mo.

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) Cancer Common Bileduct  
 ANTECEDENT CAUSES one of pancreas  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS (Painless jaundice)  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10/29, 1949, to 12/10/50, 1950, that I last saw the deceased alive on 12/15/1949, and that death occurred at 10:30P.m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Still M.D. (Degree or title) 23b. ADDRESS West Plains Mo 23c. DATE SIGNED 5/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 19, 1950 24c. NAME OF CEMETERY OR CREMATORY Homeland Cemetery 24d. LOCATION (City, town, or county) (State) West Plains, Mo.

DATE REC'D BY LOCAL REG. 5-19-50 REGISTRAR'S SIGNATURE Beatrice Cooke 25. FUNERAL DIRECTOR'S SIGNATURE Deland Carter ADDRESS Thayer, Mo.

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

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RECEIVED 5-22-50  
District Health Officer No. 5,  
District File Number 550312  
Date Filed 5-25-50

*Handwritten scribbles and illegible text at the top of the page.*

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 \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_ Student Embalmer

Signed Richard Carter

Licensed Embalmer No. 4516

P. O. Address Chicago, Ill

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.