

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25727

FILED JUL 25 1950

BIRTH NO. 21773-351		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 142	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		097.2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>377 W Thonin</u>				d. STREET ADDRESS (If rural, give location) <u>377 W Thonin</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clifford</u>		b. (Middle) <u>Samuel</u>		c. (Last) <u>Lee</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>13</u>		(Year) <u>50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 19 1895</u>	
9. AGE (In years last birthday) <u>54</u>		10. MONTH <u>5</u>		11. DAY <u>26</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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 <u>Coal Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>McBride Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Estella Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WW 1424-824</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Davis Marshall</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death.				331X	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u>		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>made an investigation July 14</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:57</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. L. Lawless</u> (Degree or title) <u>Croner Saline Co.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>7-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chas. Crow</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 17-1950</u>		REGISTRAR'S SIGNATURE <u>Highway J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo D. Green</u>		ADDRESS <u>R. E. Marshall, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7/24/50  
DISTRICT HEALTH OFFICE No. 2  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_ 7/24/50

JUL 25 1950

JUL 26 1950

### 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

Student Embalmer No. \_\_\_\_\_  
Signed George J. [Signature]

Licensed Embalmer No. 4220

P. O. Address Muskegon, Mich

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.