S. No. 300
V. 10.48

890

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

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38135

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orrick,
c. LENGTH OF STAY (In this place): 3mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

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

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): M.
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18 50

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 24, 1877
9. AGE (In years last birthday): 73 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wiley B. Lee
13b. MOTHER'S MAIDEN NAME: Mary Jane Graham
14. NAME OF HUSBAND OR WIFE: Samanthy O'Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mary E? Covey
ADDRESS: Orrick

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

3 31X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1950, *to* 11-18, 1950, *that I last saw the deceased alive on* 11-18, 1950, *and that death occurred at* 8 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin L. Masterson, MD
23b. ADDRESS: Richmond, Mo.
23c. DATE SIGNED: 11-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 50
24c. NAME OF CEMETERY OR CREMATORY: South Point
24d. LOCATION (City, town, or county) (State): 2Mi E Orrick, Mo.

DATE REC'D BY LOCAL REG.: 11-24-50
REGISTRAR'S SIGNATURE: Helen J. Larkin 272
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Good
ADDRESS: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Self, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Victor E. Innington

Licensed Embalmer No. 2896

P. O. Address Liberty 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.