

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19614

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 244

164

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

1. PLACE OF DEATH a. COUNTY <b>Cape</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Castor</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>Near Bloomfield, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Lee</b> c. (Last) <b>Lee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 16, 1881</b>	9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR Months <b>3</b> IF UNDER 24 HRS. Days <b>5</b> Hours <b>5</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General store</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>David Lee</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Maud Lee</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maud Lee</b> ADDRESS <b>Bloomfield, Mo. R#1</b>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion and myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
		DUE TO (b) _____			
		DUE TO (c) <b>Auricular fibrillation</b>		<b>18 hr.</b>	
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June 18, 1951**, to **June 21, 1951**, that I last saw the deceased alive on **June 21, 1951**, and that death occurred at **4:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles F. Wilson M.D.</b> (Degree or title)		23b. ADDRESS <b>714 Broadway Cape Girardeau Mo</b>		23c. DATE SIGNED <b>6-25-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 24, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walkers</b>		24d. LOCATION (City, town, or county) (State) <b>Near Bloomfield, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>7-2-1951</b>		REGISTRAR'S SIGNATURE <b>C. E. Summers</b> <b>44</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chiles Und. Co.</b> ADDRESS <b>Bloomfield, Mo.</b>	
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RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

JUL 12 1951

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, ~~me~~ 2nd

Lulu Cooper, License # 3499

working under my personal supervision.

~~Student Embalmer No.~~ 3996

Signed Howard A. Cooper

Signed.....  
Student Embalmer

Licensed Embalmer No. 3996

P. O. Address Bloomfield, N.J.

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.