.S. No. 300
EV. 10.48

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3005 State File No. 32515

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5089 Registrar's No. 106

Hansen 0071 0

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

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Rural Pleasant Gap~~ Butler
c. LENGTH OF STAY (in this place) ~~Life~~ 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~RFD. 6 Butler, Mo.~~ Butler Refm. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Pleasant Gap 0070
d. STREET ADDRESS (If rural, give location) RFD. 6 Butler, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) F. c. (Last) Lee

4. DATE OF DEATH (Month) (Day) (Year) 10-19-1951

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 2-27-1895
9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 7 Days 22 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 Farming
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Lee
13b. MOTHER'S MAIDEN NAME Augusta Neider
14. NAME OF HUSBAND OR WIFE Rosa Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Rosa Lee ADDRESS RT. 6 Butler, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage in peritoneal cavity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Stomach
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 151X
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) 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* 10-18, 1951, *to* 10-19, 1951, *that I last saw the deceased alive on* 10-19, 1951, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. L. Hansen 0 (Degree or title) MD
23b. ADDRESS Butler Mo
23c. DATE SIGNED 10-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 10-21-1951
24c. NAME OF CEMETERY OR CREMATORY Reform Cemetery
24d. LOCATION (City, town, or county) (State) Bates Co. Missouri

DATE REC'D BY LOCAL REG. Oct 20-51
REGISTRAR'S SIGNATURE Kendall Kirsey 17
25. FUNERAL DIRECTOR'S SIGNATURE Culver-Underwood ADDRESS Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

corrected by [illegible] 11-15-51

RECEIVED OCT 29 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed OCT 29 1951

NOV 1 1951

NOV 6 1951

NOV 16 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, or by .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Robert G. Steinbeck

Signed .....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Bates }

State File No. 32515

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 6th day of ~~November~~ October, 1951, before me appears John G Underwood, who, upon his oath, states that the original record of ~~xxxx~~ death for Albert F. Lee died October 19th /1951, 19, in the State of Missouri, and which was filed at Butler Mo. on 10/20, 1951, should be corrected as follows:

Item No. 1 D should read Butler Memorial Hospital
Instead of RFD #6 Butler Missouri

Item No. 1 B should read Butler Missouri
Instead of Rural Pleasant Gap. Township

Item No. 1 C should read 1 day
Instead of life

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant funeral director Relationship.

Butler Missouri
Present Address

Subscribed and sworn to before me this 6th day of Nov., 1951

My Commission expires Jan. 9-1955

Margaret Snider Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

orm V. S. 135
50M—4-43
I X36667

NOV 16 '91