

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
16.48

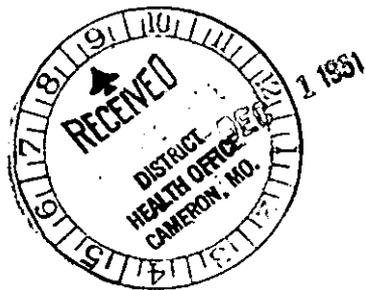
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2701 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Luningston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>MO</u> b. COUNTY <u>Luningston</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Utica</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Utica MO</u>	
c. LENGTH OF STAY (In this place) <u>85 yr</u>		d. STREET ADDRESS (If rural, give location) <u>North East Part Utica</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Utica MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Levi</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-18-1866</u>
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sabreen</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11. BIRTHPLACE (State or foreign country) <u>Utica - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert E. Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Charney</u>	
14. NAME OF HUSBAND OR WIFE <u>Allie Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Allie Lee</u>		ADDRESS <u>Utica MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertrophy of prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</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) (Min.)		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>Nov 1, 1945</u> to <u>Nov 11, 1951</u> , that I last saw the deceased alive on <u>Nov 11, 1951</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G.W. Beckett</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	
23c. DATE SIGNED <u>11-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Utica Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Utica MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>Hattie J. Ewing</u> 175	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Beckett</u>		ADDRESS <u>Chillicothe MO</u>	



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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

E. B. Whitte

Licensed Embalmer No. 3227

P. O. Address Chillicothe, 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.