

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44346

State File No.

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 19

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | |
| b. CITY OR TOWN <u>RURAL OZARK</u> | | c. CITY OR TOWN <u>Rural - Ozark</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|---------------------------|---|--|--|-------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>CLOSTON</u> c. (Last) <u>LEE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 7 1951</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u> | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | 10. UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u> | | 11. BIRTHPLACE (State or foreign country) <u>9</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME | | ADDRESS | | | |

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|---|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u> | | ANTICIPATED CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Motor Truck and Car Collision</u> DUE TO (c) | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8161</u> <u>26</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>112</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster County MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-7-1951 8:20 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Car Truck Collision</u> | |

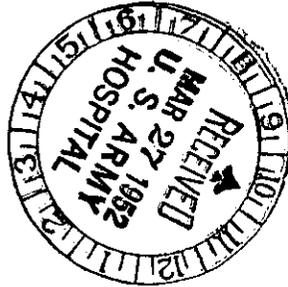
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

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|---|--|-------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <u>H. H. Kelley Coroner</u> | | 23b. ADDRESS <u>Hardland Mo.</u> | | 23c. DATE SIGNED <u>12-7-51</u> | |
|---|--|-------------------------------------|--|------------------------------------|--|

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|---|--|--|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>12/10/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>QUITON</u> | | 24d. LOCATION (City, town, or county) (State) <u>Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3/31/52</u> | | REGISTRAR'S SIGNATURE <u>J. Francis</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u> | | ADDRESS <u>Crocker, Mo.</u> | |

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

1120
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JUL 17 1952

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 *Walter P. Hayes*

Licensed Embalmer No. *4265*

P. O. Address *Sherris, 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.