

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3009 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | |
| c. LENGTH OF STAY (in this place) Life | | d. STREET ADDRESS (If rural, give location) Kirksville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home. 501 E. Pierce St. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) O. c. (Last) Sees | | | 4. DATE OF DEATH (Month) (Day) (Year) 1, 5, 1952 | | |
| 5. SEX Female | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Sept. 21, 1863 | | 9. AGE (In years last birthday) 88 | | 10. IF UNDER 1 YEAR Months 3 Days 15 IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Adair Co. Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Thomas J. Lee | | 13b. MOTHER'S MAIDEN NAME Aurrilla Sanborn | | 14. NAME OF HUSBAND OR WIFE Hamilton Sees | |
| 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. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bert Sees Kirksville, Mo. | |

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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, asphemia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Bronchial | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 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? 491X |

22. I hereby certify that I attended the deceased from 1940, 19 , to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dr. Stucklen MD | 23b. ADDRESS Kirksville Mo | 23c. DATE SIGNED 1-9-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 7, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Highland Park |
| 24d. LOCATION (City, town, or county) (State) Kirksville Mo | | |

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| DATE REC'D BY LOCAL REG. 1-9-52 | REGISTRAR'S SIGNATURE Kate Lambert | FUNERAL DIRECTOR'S SIGNATURE ADDRESS Randolph Davis Kirksville |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0013
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12-18-1967

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

Donald L. Roberts

Licensed Embalmer No. *4722*

P. O. Address *Perkasie, Pa.*

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.