

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 207

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 3

0100
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		c. LENGTH OF STAY (In this place) 2 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hall Hotel--Railroad Street		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia	
		d. STREET ADDRESS (If rural, give location) Railroad Street	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) SCHULTE	
		c. (Last) LEE	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1952			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-13-1905
9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months 8 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Defense Work & Cafe		10b. KIND OF BUSINESS OR INDUSTRY Cafe	
11. BIRTHPLACE (State or foreign country) Fredericktown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Lee		13b. MOTHER'S MAIDEN NAME Mary Ann Schulte	
14. NAME OF HUSBAND OR WIFE Faye Harris Lee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give way or dates of service) None 498-18-6217	
17. INFORMANT'S SIGNATURE OR NAME Mrs. F. S. Lee		ADDRESS Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arteriosclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH very short		unknown	
unknown		unknown	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) Centralia Boone Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/17/52, 19___, to ___ 19___, that I last saw the deceased alive/on ___ 19___, and that death occurred at 2 am m., from the causes and on the date stated above.			
23a. SIGNATURE Henry Sweet Jr M.D. ³ (Degree or title) Coroner		23b. ADDRESS 909 University Ave Columbia, Mo	
23c. DATE SIGNED 1/17/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE 1-19-52	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Fredericktown, Missouri	
DATE REC'D BY LOCAL REG. Jan 18-1952		REGISTRAR'S SIGNATURE Maud McBride	
30-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill W. Meador Centralia, Missouri	

RECEIVED JAN 22 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 22 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 Lois M. Meador

Licensed Embalmer No. 4855

P. O. Address Centralia, 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.