

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 276

JAN 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1616 Messanie Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1616 Messanie St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Vinyl</u> c. (Last) <u>Lee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>1</u> <u>1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10 16 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 28 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sevens</u>	11. BIRTHPLACE (State or foreign country) <u>Andrew county - Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Martin Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Boone</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Baker Lee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Ousley</u> ADDRESS <u>1616 Messanie</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>33ix</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 12-28, 1951, to 1-1, 1952, that I last saw the deceased alive on 1-1, 1952, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clemens C. Chapman</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>1-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1 5 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pavannah cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pavannah Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> <u>446</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed..... *Wm. H. Alexander*

Signed.....
Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address *St Joseph, 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.