.S. No. 300
EV. 10.48

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2146

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 3048 Registrar's No. 17

0742

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Taylor
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mason 8140
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Napoleun
c. (Last): Lee

4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-22-1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Stock & Grain
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William Lee
13b. MOTHER'S MAIDEN NAME: Henrietta Branscon
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Lester W. Lee — ADDRESS: Ia

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Colon
DUE TO (c): with metastasis — 175°

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: as above 153X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29, 1951, *to* 1-10, 1952, *that I last saw the deceased alive on* 1-10, 1952, *and that death occurred at* 2:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H C Bauman M.D.
23b. ADDRESS: 731 So Main Maryville
23c. DATE SIGNED: 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 1-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Bedford Cemetery
24d. LOCATION (City, town, or county): Bedford (State): Iowa

DATE REC'D BY LOCAL REG.: 1-25-52
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd E Shum — ADDRESS: Bedford Iowa

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Floyd Eshuno

Licensed Embalmer No. 2381 - Iowa

P. O. Address Bedford Iowa

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.