

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7110**

FILED MAR 4 1952

BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **6250** Registrar's No. **# 2**

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Williamsville	c. LENGTH OF STAY (If in this place) 17 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Williamsville Black River	
d. FULL NAME OF HOSPITAL OR INSTITUTION Williamsville, Mo.		d. STREET ADDRESS (If rural, give location) none 1110 0	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) LEE	c. (Last) DEES	4. DATE OF DEATH (Month) (Day) (Year) Feb 7 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 14, 1872	9. AGE (In years last birthday) 79	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lidge Dees	13b. MOTHER'S MAIDEN NAME Tilda Moore	14. NAME OF HUSBAND OR WIFE Alta Lenor Dees
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Alta Lenor Dees	ADDRESS Williamsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. 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) High Blood pressure DUE TO (c) _____		
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 331x	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)
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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?
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22. I hereby certify that I attended the deceased from **2-6-1952**, to **2-6-52**, that I last saw the deceased alive on **2-6-52, 19**, and that death occurred at **2:25 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John F Wagner, M.D.	23b. ADDRESS Greenville, Mo	23c. DATE SIGNED 2-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 10/52	24c. NAME OF CEMETERY OR CREMATORY Bethel	24d. LOCATION (City, town, or county) (State) Wayne, County, Mo.
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DATE REC'D BY LOCAL REG. Feb 18, 1952	REGISTRAR'S SIGNATURE Hazel Ward	460	25. FUNERAL DIRECTOR'S SIGNATURE Richard E. Bement	ADDRESS Corning, Ark.
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(Licensed Embalmer's Statement on Reverse Side)

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

1110
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RECEIVED

MAR 3 1952

WAYNE CO. HEALTH CENTER

FILE No. 352-22

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Richard O. Ernest

Licensed Embalmer No. 782

P. O. Address Corning, Ark

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.