

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7587

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>111</u>			
1. PLACE OF DEATH a. COUNTY <u>0143</u> <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>0143</u>					
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY OR TOWN <u>Fulton</u>		d. STREET ADDRESS (If rural, give location) <u>8 East 8th Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				3. NAME OF DECEASED a. (First) <u>Eva</u> b. (Middle) <u>O</u> c. (Last) <u>Lee</u>					
4. DATE OF DEATH <u>March 27 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Apr. 5 1875</u>		9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>George Hubbard</u>		13b. MOTHER'S MAIDEN NAME <u>Lucritia Taylor</u>			
14. NAME OF HUSBAND OR WIFE <u>John Lee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Lee</u> ADDRESS <u>Fulton Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute renal failure</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>7 days</u> <u>14 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY! YES <input type="checkbox"/> NO <input 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) <u>4500</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>3-14</u> , 19 <u>52</u> , to <u>3-27</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>3-27</u> , 19 <u>52</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Andrew S. Jones, M.D.</u> (Degree or title)				23b. ADDRESS <u>607 Court, Fulton, Mo.</u>		23c. DATE SIGNED <u>3-28-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 30/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 1-1952</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maryann Farnell Home</u>		ADDRESS <u>Fulton Mo.</u>			

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3722

P. O. Address Fulton, Missouri

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.