

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17319

State File No.

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>18 Mont</u>		d. STREET ADDRESS (If rural, give location) <u>Bearcreek Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville Lee</u> b. (Middle) <u>Sheets</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 2 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General duties</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Sheets</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Sheets</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Sheets</u>	ADDRESS <u>Bellflower Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis - left leg foot + Rt foot 5 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus - severe</u>		<u>Sept 9-27-44</u>
	DUE TO (c) <u>Cardio-Renal Disease + Arteriosclerosis</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension + Obesity</u> <u>2 years</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Was in Mo. Baptist Hospital St. Louis, Mo. Sept 9-27-44</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 (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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>260X</u>
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22. I hereby certify that I attended the deceased from 9-27 1944, to May 28 1952, that I last saw the deceased alive on 5-27-52, and that death occurred at 2:12 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Anderson, M.D.</u>	23b. ADDRESS <u>Montgomery City, Mo.</u>	23c. DATE SIGNED <u>5/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 31-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara G. Jones</u>	ADDRESS <u>Bellflower Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

700

MAY 24 1952

2000 2 0 2005

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 *Clara L. Jones*

Licensed Embalmer No. 2978

P. O. Address *Bellflower 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.