

FILED OCT 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35842

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	OR TOWN <u>0725</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Richard</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10, 1952</u>		
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>Sept 8, 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>stave mill</u>	11. BIRTHPLACE (State or foreign country) <u>Manila, ARK. A</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Tom Lee</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Noama Lee</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>30145179</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Noama Lee</u>		ADDRESS <u>Hayti, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left ventricular failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 9-23, 1952 to 10-4, 1952, that I last saw the deceased alive on 10-4, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.D. Kaiser</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hayti, Mo.</u>	23c. DATE SIGNED <u>10-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mistle Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark.</u>
DATE REC'D BY LOCAL REG. <u>10-18-52</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cobb Funeral Home</u>	ADDRESS <u>Blytheville, Ark.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

781

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10-309-52

**PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE      PHONE 79  
CARUTHERSVILLE, MO.**

**OCT 26 1952**

**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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....  
*John W. Herman*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.**