

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300
V. 10.48

FILED NOV 14 1952

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Chaffee</u>		c. CITY OR TOWN <u>Chaffee</u> 1001	
c. LENGTH OF STAY (in this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>311 W right.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Porter</u>	c. (Last) <u>Lee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 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>Aug 4 1866</u>	9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Transfer & Oil Schmen</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Dry Goods</u>	11. BIRTHPLACE (State or foreign country) <u>Cave City Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Lee</u>	13b. MOTHER'S MAIDEN NAME (Surname) <u>Frances Lee (Same as Maiden)</u>	14. NAME OF HUSBAND OR WIFE <u>Kannie Mishpaw Lee</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Geo Stone</u> ADDRESS <u>Chaffee 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC DECOMPENSATION</u>		<u>24 HRS</u>
	ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AORTIC INSUFFICIENCY</u>		<u>3 YRS?</u>
DUE TO (c) <u>ADVANCED ARTERIOSCLEROSIS</u>		<u>10 YRS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4211</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from 11-4, 1952, to 11-4, 1952 that I last saw the deceased alive on 11-4, 1952, and that death occurred at 3:40 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>	23b. ADDRESS <u>CHAFFEE, MO.</u>	23c. DATE SIGNED <u>11-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Park</u>	24d. LOCATION (City, town, or county) (State) <u>Chaffee Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-8-52</u>	REGISTRAR'S SIGNATURE <u>noted Bagleyhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Displinghoff</u> ADDRESS <u>Funerals home Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

1001
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **NOV 10 1950**
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-207

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.

Student Embalmer No.

Signed

Jack I. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.