No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39124

BIRTH NO. FILED DEC 3 1952 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 517

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN 0495
d. STREET ADDRESS (If rural, give location): WOODLAWN CASTLE ROCK ADD.

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) H. c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year): NOV. 20, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3/29/1873
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER
10b. KIND OF BUSINESS OR INDUSTRY: LAW
11. BIRTHPLACE (City and State or Foreign Country): DESOTA, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: DANIEL M. LEE
13b. MOTHER'S MAIDEN NAME: LUCY HOWARD
14. NAME OF HUSBAND OR WIFE: ALLIE LEE

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.:
17. INFORMANT'S SIGNATURE OR NAME: MRS. ALLIE LEE — ADDRESS: JOPLIN, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of hip.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) 122 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1952, *to* 11-20-, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 607 Friss Bldg Joplin Mo
23c. DATE SIGNED: 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/22/52
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL
24d. LOCATION (City, town, or county) (State): JOPLIN, MO.

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: Ed O. James 138 by Dolores Lampkins Bx.
25. FUNERAL DIRECTOR'S SIGNATURE: THORNHILL-DILLON, ADDRESS: JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-1-52
Jasper County Health Office

County File Number 52/12/934

Date Filed 12-1-52

OCT 19 1960

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 [signature]

Licensed Embalmer No. 3590.

P. O. Address Joplin, 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.