

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5154**

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

0210
FILED MAR 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>66</u>	PRIMARY REG. DIST. NO. <u>4116</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner</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>GROVER</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>LEE</u>			4. DATE OF DEATH <u>March 5, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>NM</u>	8. DATE OF BIRTH <u>May 8, 1883</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>69</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Smith Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Sally -</u>	14. NAME OF HUSBAND OR WIFE <u>Cysco Lee, Sumner, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cysco Lee, Sumner, Mo.</u> ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>2 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) (Min.) _____		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>Feb 28, 1952</u> , to <u>March 5, 1953</u> , that I last saw the deceased alive on <u>Feb 28, 1952</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. W. H. Payne</u>		23b. ADDRESS <u>O. O. Menden Mo.</u>		23c. DATE SIGNED <u>3-6-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakeside Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sumner, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>Maud Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home, Brookfield, Mo.</u> ADDRESS _____

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 Harold B. Wright.....

Licensed Embalmer No. 3718.....

P. O. Address Brookfield, 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.