

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10639

State File No. _____

FILED APR 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5779</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew Miller</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Olden, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Beach, 0150</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 54</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (First) <u>Clavel</u> (Middle) <u>Yanhu</u> (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13-1953</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 28-1903</u>	
9. AGE (In years last birthday) <u>49</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer + labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) <u>Louisa Ky</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Robert E Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Wellman</u>		14. NAME OF HUSBAND OR WIFE <u>Edison Fields Lee</u>	
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>400-32-3430</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. A. Lee as above</u>			
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>Edema, pulmonary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circulatory disturbance</u> DUE TO (c) 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>unknown</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)		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 25, 1953</u> , to <u>March 13, 1953</u> , that I last saw the deceased alive on <u>March 13, 1953</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles M. Samke, M.D.</u>				23b. ADDRESS <u>Columbia, Missouri</u>		23c. DATE SIGNED <u>3-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar 15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE RECD' BY LOCAL REG. <u>Mar. 28, 1953</u>		REGISTRAR'S SIGNATURE <u>Adwerritta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bankson-Woolery Undertaker Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 1 2 1966

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

Phi Lawrence Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.