

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10823

FILED MAR 25 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Lee</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Derrington, Mo.</u> c. LENGTH OF STAY (In this place) <u>Residence</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution; residence before death, if institution) a. STATE <u>Missouri</u> b. COUNTY <u>Lee</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Derrington, Mo.</u> d. STREET ADDRESS <u>None</u>	
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3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lena</u>	b. (Middle)	c. (Last) <u>Lee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1953</u>
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5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1893</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. <u>60</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Green</u>	13b. MOTHER'S MAIDEN NAME <u>Rodie McGee</u>	14. NAME OF HUSBAND, OR WIFE <u>Joe Lee</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Lee - Derrington, Mo.</u>	ADDRESS
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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>Unknown</u> <u>No medical attention</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NA</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, 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 <u>John H. Gorman</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Hasti Mo</u>	23c. DATE SIGNED <u>1-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 29 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LaGrange</u>	24d. LOCATION (City, town, or county) (State) <u>LaGrange Ark</u>
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DATE REC'D BY LOCAL REG. <u>3-18-53</u>	REGISTRAR'S SIGNATURE <u>John H. Gorman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. L. Flowers</u>	ADDRESS <u>Marianna Ark</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

9-101-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAR 23 1953

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.....

*F. C. Flower*

working under my personal supervision.

Student Embalmer No.....

Signed *F. C. Flower*

Signed.....  
Student Embalmer

Licensed Embalmer No. *513-*

P. O. Address *Marianna ar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.