

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Barry 0051</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u> OR TOWN		c. LENGTH OF STAY (In this place) <u>ips</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u> OR TOWN		d. STREET ADDRESS (If rural, give location) <u>110 Front Street</u>	
d. FULL NAME OR HOSPITAL OR INSTITUTION <u>110 Front Street</u>		e. STREET ADDRESS (If rural, give location) <u>110 Front Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>-</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 - 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 1 - 1882</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>71 3 5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Castle, Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ben Reno</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Park</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Lee (dec'd)</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Reno</u> ADDRESS <u>304 Broadway Monett</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERNAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central Arteriosclerosis</u>		
	DUE TO (c) <u>Epilepsy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10 yrs</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332x</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)
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 5-2, 1951, to 5-6, 1953, that I last saw the deceased alive on 5-2, 1953, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. J. Edwards M.D.</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>5-9-53</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 8 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Willows</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-13-53</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Warrington</u> ADDRESS <u>Monett Mo</u>
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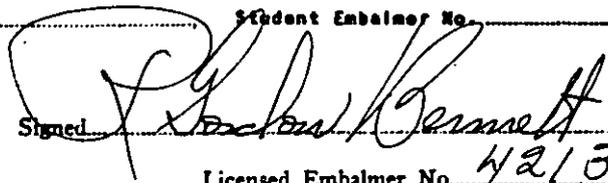
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed  _____
Student Embalmer No. _____
Licensed Embalmer No. 4213

P. O. Address Mount Mission

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.