

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20640**

0.300
0.48

FILED JUN 29 1953

BIRTH NO.		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 4025	Registrar's No. 49
1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton		
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				
3. NAME OF DECEASED (Type or Print) Minie Lee		a. (First) Minie	b. (Middle)	c. (Last) Lee
4. DATE OF DEATH June 20 1953		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov.-10-1880		9. AGE (In years last birthday) Months Days Hours Min. 72 7 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME R.B. Atkinson		
13b. MOTHER'S MAIDEN NAME Pollie Burnett		14. NAME OF HUSBAND OR WIFE Clinton Lee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clinton Lee ADDRESS Wheaton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Coronary Failure		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension & Arteriosclerosis		Year
DUE TO (c) Diabetes Mellitus				15-11
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		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) Wheaton MO.
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 July 1951 , to June 20, 1953 , that I last saw the deceased alive on June 13, 1953 , and that death occurred at 7:55 AM from the causes and on the date stated above.				
23a. SIGNATURE James L. Holmes D.O. (Degree or title)		23b. ADDRESS Wheaton, MO.		23c. DATE SIGNED 6/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-1953		24c. NAME OF CEMETERY OR CREMATORY Chitwood Cemetery
24d. LOCATION (City, town, or county) (State) 2 miles S of Wheaton Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. Morris Powell ADDRESS Wheaton Mo.		
DATE REC'D BY LOCAL REG. 6-25-1953		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE W. Morris Powell ADDRESS Wheaton Mo.

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.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed *James Kenneth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.