FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21308

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 559

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3132 W. Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Mahaska
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Mo.
d. STREET ADDRESS (Rural, give location): 3132 W. Monroe 8140 8

3. NAME OF DECEASED (Type or Print): a. (First) Nora b. (Middle) De c. (Last) Lee

4. DATE OF DEATH (Month) (Day) (Year): June 12 1953

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 6-1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10 Days 6 — IF UNDER 1 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Becks DeTar
13b. MOTHER'S MAIDEN NAME: Mary Sly
14. NAME OF HUSBAND OR WIFE: John B. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Lora Heald — ADDRESS: Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Hypostatic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 1 wk.
DUE TO (c) Arteriosclerosis — yrs.

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 June, 1953, *to* 12 June, 1953, *that I last saw the deceased alive on* 11 June, 1953, *and that death occurred at* 3:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth E. Knuth, (Degree or title) M.D.
23b. ADDRESS: 1630 N. Jefferson
23c. DATE SIGNED: 12 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-15-53
24c. NAME OF CEMETERY OR CREMATORY: Highland
24d. LOCATION (City, town, or county) (State): Eddyville, Iowa

DATE REC'D BY LOCAL REG.: 6-15-53
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed .....

Signed .....
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address Buffalo M

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.