

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

**23561**

State File No. ....

**FILED JUL 1-1953**

BIRTH NO. ....		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6087</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: indicate before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>				
b. CITY OR TOWN <u>Rural-Cambridge</u>		c. LENGTH OF STAY (in this place) <u>36 years</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Rural-Cambridge</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles N E Williams</u> <u>0970</u>		
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>2 miles N E Williams Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles N E Williams</u> <u>0970</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER PRICE</u> b. (Middle) <u>LEE</u> c. (Last) <u>LEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-18-1953</u>					
5. SEX <u>Male</u>		16. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>October 15-1888-64-8-3</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State of birth) <u>Otha River, Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>William W Lee</u>			13b. MOTHER'S MAIDEN NAME <u>Marjorie West</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Lee Williams</u> ADDRESS <u>Williams</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>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis agitans</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>3 days</u> <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>April, 1950</u> to <u>June, 1953</u> , that I last saw the deceased alive on <u>June 17, 1953</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. J. Jones</u> (Degree or title)				23b. ADDRESS <u>Clasgow Mo</u>		23c. DATE SIGNED <u>6-18-53</u>		
24a. BURIAL OR CREMATION (Specify)		24b. DATE <u>6-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Williams, Mo</u>		
DATE RECD BY LOCAL REG. <u>6-22-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Jones</u> ADDRESS <u>Slater Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

70  
1

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.