

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27883

State File No. ....

FILED AUG 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 343

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butler</u> b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Poplar Bluff</u> c. LENGTH OF STAY (In this place) <u>1 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u> d. STREET ADDRESS (If rural, give location) <u>0720 /</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Roman</u> b. (Middle) <u>Paul</u> c. (Last) <u>Lee</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>8</u> <u>4</u> <u>1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>4 - 6 - 1901</u>		
<b>9. AGE</b> (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kentucky</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		
<b>13a. FATHER'S NAME</b> <u>Gifford Lee</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma Wiggins</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mae Lee (deceased)</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Violet Wilkerson Gideon, Missouri</u>		
<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Portal Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>5810</u>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from <u>6-29</u>, <u>1953</u>, to <u>8-4</u>, <u>1953</u>, that I last saw the deceased alive on <u>8-4</u>, <u>1953</u> and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>W. H. G. Hurickson M.D.</u>		<b>23b. ADDRESS</b> <u>Poplar Bluff, Mo.</u>		<b>23c. DATE SIGNED</b> <u>8-10-53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>8-6-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Stanfield</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Near Clarkton Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>8/15/53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W. H. G. Hurickson</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Leard M. Russell Piquott, Mo.</u>	

RECEIVED

AUG 17 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-AR

P. O. Address Joplin, Ark.

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.