S. No. 300
. 10.48

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

38556

State File No. .....

FILED DEC 14 1953

BIRTH NO. ..... REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 118

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

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**1. PLACE OF DEATH**
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLAY COUNTY HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: CALDWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRAYMER
d. STREET ADDRESS (If rural, give location): unknown

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**3. NAME OF DECEASED** (Type or Print) a. (First): ROBERT b. (Middle): JAMES c. (Last): LEE

**4. DATE OF DEATH** (Month) (Day) (Year): DEC. 11, 1953

**5. SEX**: MALE 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2
**8. DATE OF BIRTH**: JAN. 14 1859
**9. AGE** (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): GEN. CONCRETE CONTRACTOR
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): RAY COUNTY 0
**12. CITIZEN OF WHAT COUNTRY?**: USA.

**13a. FATHER'S NAME**: BURL LEE
**13b. MOTHER'S MAIDEN NAME**: ELIZABETH NAIL
**14. NAME OF HUSBAND OR WIFE**: ELIZABETH CARYLE (Dec)

**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.**: NO
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. WILLIAM A. MITCHELL, ADDRESS: RR I EX Sp.

**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) Probable Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis

DUE TO (c)

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* ....., 1949, *to* Dec 11, 1953, *that I last saw the deceased alive on* Dec 8, 1953, *and that death occurred at* 8:15 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Wm. H. Goodson M.D. 0
**23b. ADDRESS**: Liberty Mo
**23c. DATE SIGNED**: 12/11/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL + REMOVAL
**24b. DATE**: DEC. 13, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: LAWSON CEMETERY
**24d. LOCATION** (City, town, or county) (State): LAWSON MO

**DATE REC'D BY LOCAL REG.**: Dec. 11, 1953
**REGISTRAR'S SIGNATURE**: Nabel Graham 411
**25. FUNERAL DIRECTOR'S SIGNATURE**: HOPE FUNERAL HOME or Virgil Hope, ADDRESS: EX. SPGS, MO.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Chas Virgil Hogel

Licensed Embalmer No. 3958

P. O. Address Excelsior Springs,

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.