

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 10

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).		
a. COUNTY <u>Webster</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Webster</u>
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshfield</u>		c. LENGTH OF STAY (in this place) township) <u>25 years</u>	c. CITY OR TOWN <u>Marshfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			a. STREET ADDRESS (If rural, give location) <u>1120 0</u>		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) (Type or Print) <u>Thomas</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Lee</u>	Date: <u>March 26 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married Widowed</u>	8. DATE OF BIRTH <u>Jan 28 1872</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. J. Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hardy</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Greenman Lee Marshfield MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure, Acute</u>			<u>2 1/2 hrs</u>
		ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>			<u>10 yrs</u>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis -</u>			<u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>1940</u> , 19 <u> </u> to <u>Mar. 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Mar 26, 1954</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C.R. Macdonnell, M.D.</u>			23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>3-27-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-1-54</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber-Barto Marshfield MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

120
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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.....
Signature of Student Embalmer

Signed *Wm. S. Williams*

Licensed Embalmer No. *462*

P. O. Address *Marshfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.