

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

**FILED OCT 5 1954**

**30425**

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>4230</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amstutz Mo</u>		c. LENGTH OF STAY (In this place) <u>10 y</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amstutz</u>		2450	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>ROY</u>		c. (Last) <u>LEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 - 54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 24-1893</u>	
9. AGE (In years last birthday) <u>59</u>		Months <u>6</u>		Days <u>15</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of work life, even if retired) <u>Barber ministr</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Mablete Payne</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Lee Amstutz 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, asphyxia, 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>Chronic Myocarditis &amp;</u>		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) <u>Myocardial Degeneration</u>		4 yrs.					
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				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)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>May 1</u> , 19 <u>52</u> , to <u>Sept 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>54</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. M. Harris D.O.</u>		23b. ADDRESS <u>Clinton Hill</u>		23c. DATE SIGNED <u>9-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Route 1</u>		24d. LOCATION (City, town, or county) (State) <u>Amstutz Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-11-1954</u>		REGISTRAR'S SIGNATURE <u>Walker Audaly</u>		410		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H-S Robman Highell Mo</u>	

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

OCT 5 1961

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

*H S P Johnson*

Licensed Embalmer No. *3001*

P. O. Address

*Higbee*

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.