

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No.

44162

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Cooper</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 town) <u>Bronville</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin Mo.</u>		0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shas Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>M.A.N.A.</u> b. (Middle) <u>George</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 - 54</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-5-1860</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wm Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Louis George</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert E. Lee New Franklin</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis arteriosclerotic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c) <u>Senility</u>				
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.	<u>none</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-4</u> <u>1950</u> , to <u>12-18</u> , <u>1954</u> , that I last saw the deceased alive on <u>12-18</u> , <u>1954</u> and that death occurred at <u>30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Chamberlain</u>				23b. ADDRESS <u>New Franklin Mo</u>		23c. DATE SIGNED <u>12-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarks Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Rural. Howard Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-20-54</u>		REGISTRAR'S SIGNATURE <u>Dr. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Hall</u>		ADDRESS <u>New Franklin</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.