

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 - 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Iron Twp.		c. LENGTH OF STAY (in this place) Approx 3		c. CITY OR TOWN Ironton Rt. 1, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1 Mile South W. Hwy		Buck Tower Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Privitt c. (Last) Moorman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH Sept. 15, 1901		9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR OF AGE: Months 4, Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner, Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Orного, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Stephel Privitt		13b. MOTHER'S MAIDEN NAME Samantha Ann Morgan		14. NAME OF HUSBAND OR WIFE Hazel Moorman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 445-18-3723		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hazel Moorman Ironton Rt. 1, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Respiratory failure during a convulsion seizure.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>apparently directly due to the effects of the old brain injury.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 094	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>Paul J. Mullis</i> (Degree or title) <i>& coroner</i>		23b. ADDRESS <i>Farmington, Mo.</i>		23c. DATE SIGNED <i>1/25/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-21-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>	
				24d. LOCATION (City, town, or county) (State) <i>Bismarck, Missouri</i>	

DATE REC'D BY LOCAL REG. <i>Jan. 25, 1955</i>		REGISTRAR'S SIGNATURE <i>Ether Redlog</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Shipman & Sons Fun'l. Dir's. Bismarck</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1954

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 *John N. Shipman*.....

Licensed Embalmer No. 4881.....

P. O. Address Bismarck, Mo,.....

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.