

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7460

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY OR TOWN <u>Auxvasse</u>	d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 mrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Joseph Henry</u>	b. (Middle)	c. (Last) <u>Lee</u>	(Month) <u>March</u>	(Day) <u>28</u>	(Year) <u>1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 6, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 6 HRS: Hours _____ Min. _____
-----------------------	----------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>London England</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>Beales Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Reed</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 <u>Mrs. Mae Benskin</u>	ADDRESS <u>Auxvasse 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Decompensation</u>		<u>2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Regeneration</u> DUE TO (c) <u>Fract. Rt. Hip -</u>		<u>?</u> <u>16 hrs.</u>

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9020 21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>014</u> (STATE) <u>Auxvasse Callaway Mo</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 27 1955 5:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off of Chair</u>
---	---	--

22. I hereby certify that I attended the deceased from 3-27, 1955, to 3-28, 1955, that I last saw the deceased alive on 3-27, 1955, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John D. Brown M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>3-30-55</u>
---	-------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse</u>	24d. LOCATION (City, town, or county) (State) <u>Auxvasse Missouri</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Apr. 2-1955</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>	ADDRESS <u>Fulton Mo</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.....
Signature of Student Embalmer

Signed *J. J. Rossen*.....
Licensed Embalmer No. *2550*

P. O. Address *Tullon*.....

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.