

FILED AUG 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20943

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adaptation).			
a. COUNTY <u>ADAIR</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE 4 township)</u>		c. LENGTH OF STAY (in this place) <u>3 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN MO 1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NURSING HOME #16 MO KIRKSVILLE MO</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>JOHN</u>		b. (Middle) <u>BENJAMIN</u>		c. (Last) <u>LEE</u>		July 26 1955	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 2 1977</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
10a.		11.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>BENEDICT JOSEPH LEE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY RHODES</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>		ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary failure</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>urinary sclerosis</u>			
				DUE TO (c) <u>arteriosclerosis + hypertension</u>			
18. OTHER SIGNIFICANT CONDITIONS				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"/>		334x	
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) (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>4-11, 1955</u> to <u>7-26, 1955</u> , that I last saw the deceased alive on <u>7-26, 1955</u> , and that death occurred at <u>1125th</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. W. R. R. D. 2</u>				23b. ADDRESS <u>1504 Kirksville Mo</u>		23c. DATE SIGNED <u>7-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>MILAN MO</u>	
DATE REC'D BY LOCAL REG. <u>7-28-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. R. R. D. 2</u>		ADDRESS <u>Milan, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

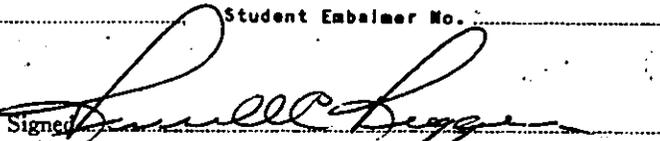
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed  _____

Licensed Embalmer No. 3792

P. O. Address Melrose, N.H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.