

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23240

State File No.

FILED AUG 12 1955

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>127</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>t. Wood. Mo.</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Fort Worth</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>606 Monticello</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>Warren</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/4/55</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/24/1898</u>			
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Miss</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Joseph Albert Lee</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Stewart</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. A. Loughborough</u>		ADDRESS _____			
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) <u>skull fracture with crushing injuries result plane crash</u> ANTECEDENT CAUSES <u>injuries result plane crash</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>861X</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>39</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Et Wood</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Et Wood Pulaski MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-4-55 12:33 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Air Plane Crash</u>					
22. I hereby certify that I attended the deceased from <u>on Aug. 4, 1955</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:33 P.</u> from the causes and on the date stated above.									
23a. SIGNATURE (In green or blue ink) <u>[Signature]</u>				23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>8/8/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8/8/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>			
DATE REC'D BY LOCAL REG. <u>8-8-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Edwards Funeral Home Crocker, Mo.</u>			

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

Date Filed 8-8-55
File Number 8-8-55

Pulaski County Health Officer

RECEIVED

8-8-55

SEP 21 1958

APR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter O. Keger.....

Licensed Embalmer No. 420

P. O. Address Paris.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.