

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29227

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 2094 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Garden City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Garden City</u>	
c. LENGTH OF STAY (In this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>at 1902</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At The Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ella</u>	b. (Middle) <u>Barneice</u>	c. (Last) <u>Lee</u>	(Month) <u>9</u>	(Day) <u>26</u>	(Year) <u>1955</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>July 16, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Garden City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edmund G. Leadbetter</u>	13b. MOTHER'S MAIDEN NAME <u>Frances C. Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Herschel J. Lee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Henry Anderson - Creighton, Mo.</u>	ADDRESS
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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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>33IX</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent Pneumonia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/24, 1954, to 9/26, 1955, that I last saw the deceased alive on 9/24, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.

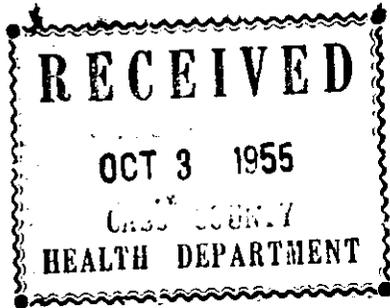
23a. SIGNATURE (Degree or title) <u>Leoburn Ellis M.D.</u>	23b. ADDRESS <u>Garden City, Mo</u>	23c. DATE SIGNED <u>9/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 29, 1955</u>	REGISTRAR'S SIGNATURE <u>Nora Barrard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson & Lacey</u>	ADDRESS <u>Garden City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



- 10000 - 27 759

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 *Bill J. Shick*

Licensed Embalmer No. 4685

P. O. Address Harden City, 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 this body is not embalmed, fact should be so stated above.