

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

414

State File No. ....

FILED FEB 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Creek</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Poplar Bluff</u> )		c. LENGTH OF STAY (In this place) <u>2 Mon.</u>	c. CITY OR TOWN <u>Depew</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>83<sup>rd</sup> St</u>			
3. NAME OF DECEASED a. (First) <u>Ralph</u> b. (Middle) <u>William</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-24-1911</u>
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work of the during most of working life, even if retired) <u>Line Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A T&amp;T</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indianapolis, Ind.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Anderson E. Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Lela Mahorney</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Jan Lee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Betty Lee</u> ADDRESS <u>South 11th St. Poplar Bluff</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Arteriosclerosis</u>	
		DUE TO (c) _____	
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"/>
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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>4:15pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Merwin R. Barbours</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>2/9/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Bristow Okla.</u>
DATE REC'D BY LOCAL REG. <u>2/11/56</u>	REGISTRAR'S SIGNATURE <u>Ed. Muecke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy &amp; Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
FEB 13 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

FEB 24 1956

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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 Ray P. Adams

Licensed Embalmer No. 492

P. O. Address Poplar Bluff

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.