

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3509

State File No.

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 3073 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>CHAFFEE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>(NMN)</u> c. (Last) <u>LEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>2-20-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>10</u> Hours <u>76</u> Min.
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) <u>STODDARD COUNTY - MERRILL BLANPFIELD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES NALL</u>	13b. MOTHER'S MAIDEN NAME <u>? Maddox</u>	14. NAME OF HUSBAND OR WIFE
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ERNEST LEE - CHAFFEE, 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, asthma, 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>Generalized Arterio Sclerosis</u>		<u>10 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Heart Failure 4343</u> DUE TO (c) <u>All 30 yrs with Venous (Inwards) Comp (cont)</u>		<u>3 Days</u>
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)
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?

22. I hereby certify that I attended the deceased from 1-6, 1956, to 1-6, 1956, that I last saw the deceased alive on 1-6, 1956, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Stinner</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>204 S. Bldg. Chaffee Mo.</u>	23c. DATE SIGNED <u>1-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-9-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY CHAFFEE, (SCOTT) Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1-9-1956</u>	REGISTRAR'S SIGNATURE <u>Mrs Fred Bisplinghoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff FUNERAL HOME, CHAFFEE, Mo.</u>		

DATE RECEIVED JAN 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-11

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 Jack J. Summitt

Licensed Embalmer No. 447
P. O. Address Chaffee, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.