

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16146

16146

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 4204		Registrar's No. 800	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo		c. LENGTH OF STAY (In this place) Life Time		c. CITY OR TOWN Laredo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 040			
3. NAME OF DECEASED (Type or Print) a. (First) Oya b. (Middle) Elva c. (Last) Lee			4. DATE OF DEATH (Month) (Day) (Year) May 23 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8 1888	9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months 0	DAYS 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (City and State or Foreign Country) Grundy County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME A.R. Dudley		13b. MOTHER'S MAIDEN NAME Elizabeth Clewanger		14. NAME OF HUSBAND OR WIFE Allan Lee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl W. Lee Laredo, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH 72 hours ANTECEDENT CAUSES DUE TO (b) apoplexy, Anemia, Terminal stages 10 days DUE TO (c) Chronic Myocarditis 10 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Malignant Hypertension 30 years						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		441X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 July 1950, to May 23, 1956, that I last saw the deceased alive on May 22, 1956, and that death occurred at 12:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE A.W. Eitel M.D. (Degree or title)				23b. ADDRESS Salt Missouri		23c. DATE SIGNED May 24 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/25/1956	24c. NAME OF CEMETERY OR CREMATORY Laredo Cemetery		24d. LOCATION (City, town, or county) (State) Laredo Mo		
DATE REC'D BY LOCAL HEALTH DEPT. 5-26-56		REGISTRAR'S SIGNATURE Elva Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.T. Robertson Funeral Home Laredo			

(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
Signature of Student Embalmer

Signed *J. M. Robertson*

Licensed Embalmer No. *478*

P. O. Address *Laredo*

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.