

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24220

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5093 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) --a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY OR TOWN <u>RURAL PLATTIN. MO.</u>		c. CITY OR TOWN <u>DE SOTO</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 HOSPITAL OR INSTITUTION <u>PLATTIN. MO.</u>		e. STREET ADDRESS (If rural, give location) <u>Route #3</u> <u>0500</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>---</u>	c. (Last) <u>LEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 1956</u>
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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 (NOT KNOWN) <u>1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PIPE LINES</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LITTLE ROCK ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DENTY LEE</u>	13b. MOTHER'S MAIDEN NAME <u>LEMIE REYNOLDS</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA LEE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS LEE</u> ADDRESS <u>R1 DE SOTO, MO</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>		<u>sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio-sclerosis</u>		<u>years</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 <u>no</u>	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) <u>no</u>	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>
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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 July 29, 1956, to July 31, 1956, that I last saw the deceased alive on July 29, 1956, and that death occurred at --- m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul V. Ministry</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Desoto, MO.</u>	23c. DATE SIGNED <u>July 31, 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 2 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>LEMAX MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-1-56</u>	REGISTRAR'S SIGNATURE <u>Marie Garcia</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN Funeral Home</u> ADDRESS <u>De Soto, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1460

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 4 1966

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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 *Daniel J. Mahr*

Licensed Embalmer No. *432*

P. O. Address *LaSoto, 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.