Health, Welfare Public Service

300 -57

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 29054

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Randolph	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Moberly — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Huntsville 2880 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Memorial Hosp. — Length of stay in lb 13 days	d. STREET ADDRESS (If outside, give location) Clay Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First Clarence	Middle M.	Last Lee	4. DATE OF DEATH Month August Day 29 Year 1957
5. SEX male	6. COLOR OR RACE negro	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH March 24, 1892	9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer	10b. KIND OF BUSINESS OR INDUSTRY worked on farm	11. BIRTHPLACE (City and state or country) Chariton County, Missouri	12. CITIZEN OF WHAT COUNTRY? United States	
13a. FATHER'S NAME Allen Lee	13b. MOTHER'S MAIDEN NAME Matilda Payne	14. NAME OF HUSBAND OR WIFE Helen Lee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 500-20-1338	17. INFORMANT Mrs. Helen Lee:	Address Huntsville, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Embolism	5½ Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Paralytic Ileus	8 days
DUE TO (c)	Ruptured Appendix 5501	10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Appendectomy Aug 22, 1957

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 18, 1957, to Aug 29, 1957 and last saw ~~her~~ him alive on Aug 29, 1957. Death occurred at 3:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. C. Epley D.O.	22b. ADDRESS Huntsville	22c. DATE SIGNED 9-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-1-1957	23c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery	23d. LOCATION (City, town, or county) Roanoke, Missouri (State)
24. FUNERAL DIRECTOR Tom B Patton	ADDRESS Huntsville mo	25. DATE RECD. BY LOCAL REG. 9-1-57	26. REGISTRAR'S SIGNATURE Leah W Howe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

61
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FILED SEP 10 '57

OCT 18 1957

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 ..... Signed Tom B. Patton
Signature of Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.