

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-041645**

STATE FILE NUMBER

AMENDED

File # 981 Primary Registration District No. 3099 Registrar's No. 92  
 NOV 20 1961

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Linn</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parson Township</u> Length of stay in 1b <u>82 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 1/2 mile s. Meadville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY OR TOWN <u>Parson Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>4 1/2 mile s. Meadville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>LEONA</u> Middle <u>MAE</u> Last <u>LEE</u>			<b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>15</u> Year <u>1961</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-30-78</u>	<b>9. AGE (last birthday)</b> <u>83</u>	<b>IF UNDER 1 YEAR</b> Months <u>    </u> Days <u>    </u> Hours <u>    </u> Min. <u>    </u> <b>IF UNDER 24 HR</b> Hours <u>    </u> Min. <u>    </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> None		<b>11. BIRTHPLACE</b> (City and state or country) <u>Chatten, Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>William L. Strickler</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ida A. Willard</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William E. Lee</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Russell Lee; Meadville, Missouri</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric hemorrhage</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <u>Dilated gastric veins from passive congestion</u> DUE TO (c) <u>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u> <u>3 mos</u> <u>4 yrs -</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>    </u> a.m. <u>    </u> p.m. Month, Day, Year <u>    </u>	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>July 61</u> to <u>Nov 15, 61</u> and last saw her/him alive on <u>Nov 15, 1961</u> Death occurred at <u>four</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>T. F. Metzger M.D.</u>			<b>22b. ADDRESS</b> <u>Chillicothe Mo</u>		<b>22c. DATE SIGNED</b> <u>11-16-61</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DAY</b> <u>11-17-61</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Meadville</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Meadville, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Norman Funeral Home</u> <u>Chillicothe, Missouri</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov. 17. 61</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Anna Watson</u>	

**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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mis

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.