

FILED DEC 14 1958

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38870

| | | | | | | | | | |
|--|--|--|--|--|-------------|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 137 | | PRIMARY REG. DIST. NO. 3023 | | Registrar's No. 257 | | | |
| 1. PLACE OF DEATH a. COUNTY HENRY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY HENRY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON | | c. LENGTH OF STAY (in this place) 30 DAY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON | | 2432 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 501 S. MAIN ST. | | | | d. STREET ADDRESS (If rural, give location) 214 S. 3rd St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) ARTHUR LEE | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH DEC. 9, 1953 | | (Month) | | (Day) | | (Year) | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH DEC. 29, 1874 | | | |
| 9. AGE (In years last birthday) 78 | | If under 1 year Months 11 | | If under 1 year Days 10 | | If under 1 year Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY High School | | 11. BIRTHPLACE (City and State or Foreign Country) Mexico, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Wm. Henry Lee | | | 13b. MOTHER'S MAIDEN NAME Nanny Hurdle | | | 14. NAME OF HUSBAND OR WIFE Deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME FROM FAMILY BIBLE RECORD | | | | | |
| 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. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Common Embolism | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Respiratory infection | | | | 3 wks | |
| 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 | | 19b. MAJOR FINDINGS OF OPERATION 5272 | | | | | 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 12-15, 1953, to 1-9, 1953, that I last saw the deceased alive on 12-9, 1953, and that death occurred at 9 P. M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE H. Walker | | | | 23b. ADDRESS M.D. Clinton Mo | | 23c. DATE SIGNED 1-10-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE DEC. 11, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY ENDLEWOOD CEM. | | 24d. LOCATION (City, town, or county) (State) CLINTON, MO. | | | |
| DATE REC'D BY LOCAL REG. DEC 11-53 | | REGISTRAR'S SIGNATURE Florence Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Vassant Clinton, Mo. | | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8. 31 1940

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, ~~as by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. A. Varsant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.