

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40922

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>274</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry, Clinton MO.</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clinton</u>) c. LENGTH OF STAY (in this place) <u>4 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry, Wick</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wick</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u> a. (First) <u>LEE</u> b. (Middle) <u>LEET</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>not married</u>		8. DATE OF BIRTH <u>Nov 17 - 1893</u>	
9. AGE (In years last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lebanon Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Bradford Golden Leet</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ellen Jones</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>would use one</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E Randolph</u>		ADDRESS <u>Clinton MO.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>10+ YRS</u> <u>443X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>JUNE</u> , 19 <u>48</u> , to <u>DEC</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10 Dec.</u> , 19 <u>49</u> , and that death occurred at <u>12:45 a.m.</u> ; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>				23b. ADDRESS <u>Clinton, MO</u>		23c. DATE SIGNED <u>19 Dec 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wick MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 21 - 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>		ADDRESS <u>Wick MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1956 9 NOV

RECEIVED
District Health Officer No. 7,
District File Number 4-49-1505
Date Filed 12-27-49

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 _____
Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 3099

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.