

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2164**

FILED JAN 14 1953

BIRTH NO. _____ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **4302** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort	
c. LENGTH OF STAY (in this place) 6 yr		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not at hospital or institution, give street address of location) HOSPITAL OR INSTITUTION at Home			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Wesley c. (Last) Lee			4. DATE OF DEATH (Month) (Day) (Year) Jan - 9 - 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan - 26 - 1875		9. AGE (In years last birthday) 77		10. MONTH 11 DAY 13 HOUR - MIN. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) Cassville, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Amos Lee		13b. MOTHER'S MAIDEN NAME Louisa Molder		14. NAME OF HUSBAND OR WIFE Susie Lee	
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. none		17. INFORMANT'S SIGNATURE OR NAME Rosa Lee ADDRESS Exeter, Mo R.F.D.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH Minutes
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coughing Spasm			Hours
		DUE TO (c) Pneumonia			Week
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Some Nephritis			Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 **Mar. 1950** to **Jan 9, 1953**, that I last saw the deceased alive on **Jan. 7, 1953** and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James P. Holmes M.D.			23b. ADDRESS Wheaton, Mo		23c. DATE SIGNED 1/9/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 14 - 1953		24c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery	
				24d. LOCATION (City, town, or county) (State) Exeter Missouri	

DATE REC'D BY LOCAL REG. Jan 12 1953		REGISTRAR'S SIGNATURE O. E. Plumber		25. FUNERAL DIRECTOR'S SIGNATURE McQueen Funeral Home ADDRESS Wheaton Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

600
1

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Leasville, 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.