

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000707
STATE FILE NUMBER

FILED VS. JAN 25 1960 73

Registration District No. _____ Primary Registration District No. 3014 Registrar's No. 5

DED

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b years	c. CITY OR TOWN Liberty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 460 N. Prairie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 460 N. Prairie		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle F. Last Lee			4. DATE OF DEATH Month January Day 5 Year 1960 1959				
5. SEX male	6. COLOR OR RACE negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-31-81	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cook		10b. KIND OF BUSINESS OR INDUSTRY private homes	11. BIRTHPLACE (City and state or country) Clay Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Ellis Lee		13b. MOTHER'S MAIDEN NAME Venita (unknown)		14. NAME OF HUSBAND OR WIFE Elnore Walker 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. unknown	17. INFORMANT Elnore W. Lee Address Liberty, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema					INTERVAL BETWEEN ONSET AND DEATH 1 hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Acute lt. ventricular failure					1 hour		
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus Acute respiratory infection					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1947 to Jan. 5, 1960 and last saw her 1/5/60 Death occurred at 4.45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE S. O. Schroeder, M.D. (Degree or title)			22b. ADDRESS 101 W. Kansas Liberty, Mo.		22c. DATE SIGNED 1/7/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-8-60	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) Liberty, Missouri (State)			
24. FUNERAL DIRECTOR Tyler-Pasley Address Liberty, Missouri		25. DATE RECD. BY LOCAL REG. 1-16-60	26. REGISTRAR'S SIGNATURE Mabel Graham				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.