

STANDARD CERTIFICATE OF DEATH

State File No. **5783**

BIRTH NO. **FILED MAR-2 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Richmond</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 years</b>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Richmond</b>		d. STREET ADDRESS (If rural, give location) <b>444 E. Clark Memorial</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles West of Richmond</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Roscoe</b> c. (Last) <b>Lee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 21, 1954</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 21, 1927</b>		9. AGE (In years last birthday) <b>26</b>		10. MONTHS <b>10</b>		11. DAYS <b>0</b>		12. HOURS <b>0</b>		13. MINUTES <b>0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ford Motor Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond Missouri Mo. Sta.</b>				12. CITIZENRY OF WHAT COUNTRY			
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13a. FATHER'S NAME <b>Claude Lee</b>			13b. MOTHER'S MAIDEN NAME <b>Cora Warner</b>			14. NAME OF HUSBAND OR WIFE <b>Mr. Francis Lee</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <b>W.W. II 44-20-548</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Francis Lee</b>				ADDRESS <b>Richmond Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Trauma</b>									
		ANTECEDENT CAUSES									
		<p>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Automobile Wreck</b></p> <p>DUE TO (c)</p>									
		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								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>Automobile Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, other bldg., etc.) <b>on Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Richmond Ray Mo</b>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. J. F. Babey, Cosmer</b>		23b. ADDRESS <b>Richmond Mo.</b>		23c. DATE SIGNED <b>2-23-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Feb 23, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunny Side</b>		24d. LOCATION (City, town, or county) (State) <b>Richmond Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Feb 25-1954</b>		REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>George H. Robinson, Mo.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Thurs. 25

MAR 30 1958  
APR 9 1958

1958

MS JUN 13 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 me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. 4066

P. O. Address *[Signature]*

**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.