

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9208

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 13

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> <i>CR 10</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL, Fishing River</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs, MO.</b> <i>1</i>		d. STREET ADDRESS (If rural, give location) <b>R F D 2</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 Miles East Ex. Spgs. MO.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>A.</b> c. (Last) <b>LEE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 30, 1955</b>						
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>JAN. 28, 1877</b>			
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy &amp; Gen. Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>RAY COUNTY, MO.</b> <i>0</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Lawson Lee</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Fox</b>			14. NAME OF HUSBAND OR WIFE <b>Maude Craven Lee</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maude E. Lee, R F D. 2 Ex Spgs</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis, not</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Occlusion?</b> DUE TO (c) <b>Arterio-Sclerosis?</b>				INTERVAL BETWEEN ONSET AND DEATH	
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)		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 <b>March 30, 1955</b> to <b>March 30, 1955</b> , that I last saw the deceased alive <b>March 30, 1955</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>E. C. Jay</b> (degree or title)				23b. ADDRESS <b>17th Street</b>		23c. DATE SIGNED <b>3-31-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 1st/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs Mo/</b>			
DATE REC'D BY LOCAL REG. <b>April 1-1955</b>		REGISTRAR'S SIGNATURE <b>Helen J. Larkin</b> 272		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b> <b>Virgil Hope</b>		ADDRESS <b>Ex. Spgs. MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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, on       

Student Embalmer No.       

working under my personal supervision.

Student .....  
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Spgs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.