

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38135**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **444** Registrar's No. **22**

890

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Orrick,</b>		c. LENGTH OF STAY (in this place) <b>3mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Orrick,</b>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>John</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Lee</b>	(Month) <b>Nov.</b>	(Day) <b>18</b>	(Year) <b>50</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 24, 1877</b>		9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Wiley B. Lee</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Graham</b>		14. NAME OF HUSBAND OR WIFE <b>Samanthy O'Dell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mary E? Covey</b>	
				ADDRESS <b>Orrick</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 hours</b>  <b>Many years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) DUE TO (c) <b>Obesity</b>		
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>3 BX</b>	

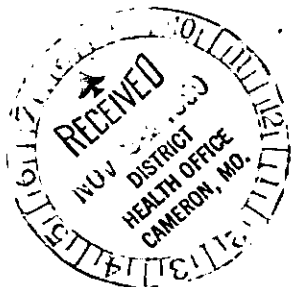
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-18, 1950**, to **11-18, 1950**, that I last saw the deceased alive on **11-18, 1950**, and that death occurred at **8:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Melvin L. Tracterson, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Richmond, Mo.</b>		23c. DATE SIGNED <b>11-21-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 20, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>South Point</b>		24d. LOCATION (City, town, or county) (State) <b>2mi E Orrick, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-24-50</b>		REGISTRAR'S SIGNATURE <b>Helen J. Larkin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Good</b>		ADDRESS <b>Orrick, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 \_\_\_\_\_

*Self*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed *Victor E. Jennings* \_\_\_\_\_

Licensed Embalmer No. *2896* \_\_\_\_\_

P. O. Address *Liberty 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.