

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16672

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>California</u> OR TOWN <u>California</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo.</u> c. LENGTH OF STAY (in this place) <u>Years</u>				d. STREET ADDRESS (If rural, give location) <u>Oak, South + High</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee Allee</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>5/20/49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 15, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>5</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Buford Allee</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Gray Allee</u>	
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 <u>Lashley Allee, Kansas City, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fracture of Rt Femur Feb 16-49</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>				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) (Min) _____		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 <u>Feb 16</u> , 19 <u>49</u> , to <u>May 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>49</u> , and that death occurred at <u>2:25 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. L. Latham</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>5-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-21-49</u>		REGISTRAR'S SIGNATURE <u>J. R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Williams Funeral Home, California, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

JUN 6 1948

### 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

*H. E. Friedman*

Licensed Embalmer No. 2854

P. O. Address California 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.