

SEP 24 1940

Registration District No. 252

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28387

Primary Registration District No. 5356

Registrar's No. 5356

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Coffey, Tennesse
Rural, Model No. R-2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community most of life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edd. T. Lee
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife Carrie M. Lee
6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Oct. 12, 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 11
If less than one day hr. _____ min. _____

9. Birthplace Grundy Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business same

12. Name Jackson Lee
18. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Do Not Know
15. Birthplace Do Not Know
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Lee
(b) Address Winston Mo.

17. (a) burial (b) Date thereof 8/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Co. Gallatin Mo.

18. (a) Signature of funeral director E. M. Jones
(b) Address Gallatin Mo.

19. (a) Stamp 24, 1940 (b) J. W. Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Kidder (rural) Coffey Tennesse
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. S. of Winston R-2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23rd
year 1940 hour 4:00 minute 00 A.M.
21. I hereby certify that I attended the deceased from July 3,
_____, 1940, to Aug 23, 1940
that I last saw him alive on Aug 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis (General)
Basal ganglia, pancreas
Due to Probably Primary in
Basal Ganglia (Degenerating)
Due to _____
Other conditions if
(Include pregnancy within 3 months of death)

Duration Not known
Probably
6 mo.
or
more
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: General Coronary arteriosclerosis
Of operations Exploratory operation Aug 2, 1940
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Fred W. Wilson (M. D. or other) _____
Address Winston Mo Date signed Aug 23

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

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *[Signature]*
Licensed Embalmer No. 3453
P. O. Address *[Address]*

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, above space should be left blank.