

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21160

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN
c. LENGTH OF STAY (in this place) 15 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) 313 EAST MINE LA MOTTE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY MADISON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN 0621
d. STREET ADDRESS (If rural, give location) 313 EAST MINE LA MOTTE

3. NAME OF DECEASED
a. (First) EDITH b. (Middle) HANDY c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 15 1952

5. SEX 3 FEMALE
6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED 1

8. DATE OF BIRTH
MARCH 25, 1898

9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
54 YRS 2-20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
FREDERICKTOWN MO.

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
CURTISS WILLIAMS

13b. MOTHER'S MAIDEN NAME
LOTTIE THORNTON

14. NAME OF HUSBAND OR WIFE
ROY LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
ROY LEE 3724 1/2 FINNEY ST. LOUIS MO.

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) Coronary thrombosis
ANTECEDENT CAUSES Coronary sclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [REDACTED]
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
immediate
8 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to June 15, 1952 that I last saw the deceased alive on June 13, 1952 and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title)
D. Kenneth R. White

23b. ADDRESS
Fredricktown, Mo.

23c. DATE SIGNED
6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
6-19-52

24c. NAME OF CEMETERY OR CREMATORY
GREENWOOD CEMETERY

24d. LOCATION (City, town, or county) (State)
ST. LOUIS MO.

DATE REC'D BY LOCAL REG.
6-16-1952

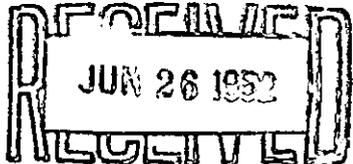
REGISTRAR'S SIGNATURE
Therese Hicks 187

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Sam Nayin, St. Fredricktown, Mo.

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

621
1

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 652-33

RECEIVED

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.