

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40958**

FILED DEC 31 1948

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (In this place) <u>5 Months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1303 Shady Lane, Ave. /</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Lee</u> c. (Last) <u>Lewis</u>		d. STREET ADDRESS (If rural, give location) <u>1303 Shady Lane, Ave.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-48</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>July 23, 1948</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	
11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Mo. 296</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>L. C. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Read</u>	
14. NAME OF HUSBAND OR WIFE <u>X</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. C. Lewis Caruthersville</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>182</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown- Probably Suffocation</u> INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>10</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Caruthersville, Pemiscot, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u> m. _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK _____	
21f. HOW DID INJURY OCCUR? <u>X</u>		21g. _____ <u>78</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <u>3</u>			
23a. SIGNATURE (Degree or title) <u>Jack Keller</u> Coroner		23b. ADDRESS <u>Hayt. mo</u>	
23c. DATE SIGNED <u>12-23-48</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-23-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home Caruthersville</u>	
DATE REC'D BY LOCAL REG. <u>12-29-48</u>		REGISTRAR'S SIGNATURE <u>Jessie B. White</u>	

78  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-48-349

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.....

**BODY WAS NOT EMBALMED**

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*James A. Osburn*

Signed.....

Student Embalmer

Licensed Embalmer, No. 4185

P. O. Address Camdenville, 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.