

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11705  
State File No. 2-49-19

FILED FEB 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gasconade Tn.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gasconade Township</u>		d. STREET ADDRESS (If rural, give location) <u>Falcon, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Falcon, Mo</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u> b. (Middle) <u>P.</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 24 1949</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 17 1873</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John H. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. E. P. Lewis, Falcon, Mo.</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. P. Lewis, Falcon, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u>	
		ANTECEDENT CAUSES Morbidity 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. <u>2921</u>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 1-17, 1949, to 1-24, 1949, that I last saw the deceased alive on 1-23, 1949, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Havel M.D.</u>		23b. ADDRESS <u>Lebanon, Missouri</u>		23c. DATE SIGNED <u>1-26-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Jan 29-49</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Rynally</u>		414	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Emmett E. Everett*

Student Embalmer No. *246*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard L. Palma*

Licensed Embalmer No. *4595*

P. O. Address *Libanon, 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.