

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

State File No.

No. 2309
10.48

BIRTH NO. 2 REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4458 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>St. Clair.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola.</u>	93
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None.</u>		d. STREET ADDRESS (If rural, give location) <u>None.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Henry</u>	b. (Middle) <u>Lawrence</u>	c. (Last) <u>LEWIS</u>	Jan.	20	1949

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>May 13, 1864</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (Ret'd)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Calhoun, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lawrence, Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Emaline REYNOLDS</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche LEWIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B. R. LEWIS</u>	ADDRESS <u>Osceola, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>2 days</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>331X</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Jan 18, 1949 to Jan 20, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 1:45 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. H. Taylor, Jr. M.D.</u>	23b. ADDRESS <u>Osceola, Mo.</u>	23c. DATE SIGNED <u>Jan 20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 23, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 23-49</u>	REGISTRAR'S SIGNATURE <u>Keith Seever 288</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles F. Fox</u>	ADDRESS <u>Osceola, Mo.</u>
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RECEIVED

District Health Officer No. 7,

District File Number 1-49-53

Date Filed 2-11-49

JUN 3 1954

SEP 8 1954

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 Charles E. Fox

Licensed Embalmer No. 4610

P. O. Address Ocala, Fla

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.