

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16575

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 40315 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Plata</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Plata</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dock</u> b. (Middle) <u>A.T.</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1949</u>		
5. SEX <u>MA</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1871</u>		9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Knox Co. Mo.</u>	
<u>retired farmer</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Margie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Lewis</u> ADDRESS <u>La Plata</u>	

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) <u>Acute Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>5-27-1949</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> <u>1-26-1949</u> <u>Chronic Myocarditis</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4251</u>			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	

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 Jan 26, 1949 to June 2, 1949 that I last saw the deceased alive on May 30, 1949 and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur Gillet DO</u>		23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>6-3-1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 4-49</u>		REGISTRAR'S SIGNATURE <u>Miss O.P. Griffin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D.S. Christie</u> ADDRESS <u>La Plata Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 10

District File Number 6.49.16

Date Filed JUN 10 1949

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.

Signed _____
Student Embalmer

Signed *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata, 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.