

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22770

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico 103	
c. LENGTH OF STAY (In this place) 13 days		d. STREET ADDRESS (If rural, give location) R-1 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cape Girardeau Osteopathic Hos.			
3. NAME OF DECEASED a. (First) DAVID b. (Middle) F. c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1879
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Saw Miller		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Madison Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Tom Lewis		13b. MOTHER'S MAIDEN NAME Laura Barrett	14. NAME OF HUSBAND OR WIFE Frona A. Lewis
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 Walter L. Lewis Puxico, Mo. R.#1
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Prostatic Carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		177X	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 17, 1949, to July 29, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 5:45 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. Newell V. D.O.		23b. ADDRESS 105 S. Spanish Cape Girardeau	23c. DATE SIGNED Aug. 4, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 31, 40	24c. NAME OF CEMETERY OR CREMATORY Rock Hill	24d. LOCATION (City, town, or county) (State) Stoddard Co., Missouri.
DATE REC'D BY LOCAL REG 8-7-49	REGISTRAR'S SIGNATURE C. C. Summers 44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Undertaking Co. Bloomfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-8-49

District Health Officer No. 4

District File Number 849-105

Date Filed _____

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, & by Lulu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Signed Lulu C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.