

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25800
State File No. 25800

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6128</u>		Registrar's No. <u>2f</u>	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) Eminence		c. LENGTH OF STAY (in this place) 26 years		c. CITY (If outside corporate limits, write RURAL and give township) Eminence			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ANVIL		b. (Middle) A		c. (Last) LEWIS		4. DATE OF DEATH (Month) (Day) (Year) July 18-1949	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 12-1892	
9. AGE (In years last birthday) 56		10. MONTHS 10		11. DAYS 6		12. HOURS 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Master		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) Shannon Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lee Lewis			13b. MOTHER'S MAIDEN NAME Sarah Spurgin			14. NAME OF HUSBAND OR WIFE Pearl E. Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs A A Lewis, Eminence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Mitral Stenosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				1/10x	
19a. DATE OF OPERATION		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)			
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?			
22. I hereby certify that I attended the deceased from <u>7-16</u> , 19 <u>49</u> , and that death occurred at <u>3-30</u> <u>am</u> , from the causes and on the date stated above.							
23a. SIGNATURE W.T. Eudy, M.D.				23b. ADDRESS Eminence, Mo.		23c. DATE SIGNED 7-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20-49		24c. NAME OF CEMETERY OR CREMATORY Oak Forrest		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.	
DATE REC'D BY LOCAL REG. 8-1-49		REGISTRAR'S SIGNATURE G. B. Patten		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS Mtn View, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED -8-8-49

District Health Officer No. 5,

District File Number 849560

Date Filed 8-13-49

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 Joe S. Durican

Licensed Embalmer No. 4325

P. O. Address Interviu, 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.