

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1128</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norma</u>			b. (Middle)		c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 12-1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>David Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Hood</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Lewis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital # 2 Records.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable gastric carcinoma</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>  <u>15 IX</u>  <u>3 or 4 yrs</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (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>Nov 15, 1948, to 10-14, 1949</u> that I last saw the deceased alive on <u>10-14, 1949</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (In press or type) <u>Maxine M. N. N. State Hospital # 2</u>				23b. ADDRESS <u>State Hospital # 2</u>		23c. DATE SIGNED <u>10-17-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville Osteopathic School, Kirkville, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Oct 18, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Wm C. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Alvin C. Bryan*

Student Embalmer No. *342*

working under my personal supervision.

Student *Alvin C. Bryan*  
Student Embalmer

Signed *John E. Kepp*  
Licensed Embalmer No. *3986*  
P. O. Address *St. Joseph, 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.