

FILED NOV 9 1949

STANDARD CERTIFICATE OF DEATH

 State File No. **34150**

 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 449

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) OR TOWN 36 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John Hospital		d. STREET ADDRESS (If rural, give location) 1402 Ohio	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Parker c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 30, 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Eagle Picher		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lewis		13b. MOTHER'S MAIDEN NAME Mary Jane Hutchison		14. NAME OF HUSBAND OR WIFE Corda Cl 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Corda Lewis, 1402 Ohio, Joplin Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 7 Hours Unknown
*This does not mean the mode of dying, such as heart failure, asthma, 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. <div style="text-align: right; font-size: 2em; font-weight: bold;">331X</div>			

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)		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 10-10, 1949, to 10-10, 1949, that I last saw the deceased alive on 10-10, 1949, and that death occurred at 7:00p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 		23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 10-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-13-1949		24c. NAME OF CEMETERY OR CREMATORY New Bethel,	
24d. LOCATION (City, town, or county) (State) Goodman, Missouri					

DATE REC'D BY LOCAL REG. 10-21-49		REGISTRAR'S SIGNATURE 		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
10-48

4923

RECEIVED 11-1-49
Jasper County Health Office

County File Number 49-10-853

Date Filed 11-8-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.