

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34190

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3031 Registrar's No. 54

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Debato</u> | c. LENGTH OF STAY (In this place) <u>yr</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Debato</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 Jefferson</u>                               |   | d. STREET ADDRESS (If rural, give location) <u>320 Jefferson</u>  |  |

|  |            |             |           |  |
|--|------------|-------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>JULIA MAY CHARLOTTE LEWIS</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1949</u> |
|--|------------|-------------|-----------|--|

|                 |                           |   |                                     |   |   |  |
|-----------------|---------------------------|---|-------------------------------------|---|---|--|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr 18 1893</u> | 9. AGE (In years last birthday) <u>56</u> | 10 UNDER 1 YEAR Months <u>6</u> Days <u>7</u> | 11 UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|-------------------------------------|---|---|--|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (State or foreign country) <u>Victoria Mo. D</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|--|---|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Chris Ruppel</u> | 13b. MOTHER'S MAIDEN NAME <u>Nannie Ruppel</u> | 14. NAME OF HUSBAND OR WIFE <u>J. E. Lewis</u> |
|--|--|--|

|   |                                     |  |                           |
|---|-------------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Lewis</u> | ADDRESS <u>Debato Mo.</u> |
|---|-------------------------------------|--|---------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>155X</u>                                    |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 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 15 Sept 1948, to 19 Oct 1949, that I last saw the deceased alive on 19 Oct 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

|   |                                |                                   |
|---|--------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. V. Neff</u> | 23b. ADDRESS <u>Debato Mo.</u> | 23c. DATE SIGNED <u>20 Oct 49</u> |
|---|--------------------------------|-----------------------------------|

|   |                               |   |   |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 21 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Debato Mo.</u> |
|---|-------------------------------|---|---|

|  |   |  |                           |
|--|---|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>10/24/49</u> | REGISTRAR'S SIGNATURE <u>Marie L. Parke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Fitch</u> | ADDRESS <u>Debato Mo.</u> |
|--|---|--|---------------------------|

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

50  
210

District File Number  
District Officer No. 9  
RECEIVED  
OCT 27 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

*Percy F. Milster*

Student Embalmer No. *346*

working under my personal supervision.

Student *Percy F. Milster*  
Student Embalmer

Signed *Gornell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Delato 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.