

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36312

State File No. _____

FILED DEC 7 1949

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>291</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Boone</u>	
c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>611 N. Fourth St.</u>		10 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Airport Park</u>				d. STREET ADDRESS (If rural, give location) <u>611 N. Fourth St.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>SARAH</u>	b. (Middle) <u>FRANCES</u>	c. (Last) <u>LEWIS</u>	(Month) <u>Nov.</u>	(Day) <u>27,</u>	(Year) <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 30, 1931</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	IF UNDER 60 MIN. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Leno L. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rippetto</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leno L. Lewis, Columbia, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complications which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide poisoning</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>E8909</u> <u>46</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SHOULDER HOMEHIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, train, factory, street, office bldg., etc.) <u>City Park</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/8</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>viewed as coroner</u>			
22. I hereby certify that I attended the deceased from <u>viewed as coroner</u> , 19 <u>49</u> , to <u>11/30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/29</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) (Degree or title) <u>Harrish L. Griffith, M.D. Coroner</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>11/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 30 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia Mo</u>		ADDRESS	

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

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RECEIVED DEC 5 1949
District Health Officer No. 9
District File Number

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.

Signed Thos W. Loring

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia Md

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.