

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37713

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper 114	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 30 yr		d. STREET ADDRESS (If rural, give location) 711 N. Devon	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 N. Devon			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Jane c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> NEVER-MARRIED	8. DATE OF BIRTH Aug. 14, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 2	IF UNDER 1 RES. Hours	IF UNDER 1 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryville, Missouri D	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Pittman	13b. MOTHER'S MAIDEN NAME Elizabeth Pittman	14. NAME OF HUSBAND OR WIFE widowed
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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 Earnestine Holden	ADDRESS Webb City, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-16, 1949, to 11-16, 1949, that I last saw the deceased alive on did not, 19\_\_\_, and that death occurred at 7:40A m., from the causes and on the date stated above.

22a. SIGNATURE O. M. Ferguson (Degree or title) 11 MD	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 11/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/20/49	24c. NAME OF CEMETERY OR CREMATORY Carl Junction	24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.
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DATE REC'D BY LOCAL REG. NOV. 19. 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis	ADDRESS Webb City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-22-49  
Jasper County Health Office

County File Number 49-11-888

Date Filed 11-25-49

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 Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City, 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.