

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38180

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5910 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mississippi b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Twp. Pemiscot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leland Rural	
c. LENGTH OF STAY (in this place) 1 Week		d. STREET ADDRESS (If rural, give location) Leland, Miss. Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Caruthersville Rt. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) L.	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) November 15 1949
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1907	9. AGE (in years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS* OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Hughes, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dorothy Lewis
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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. 189-12-5012	17. INFORMANT'S SIGNATURE OR NAME Dorothy Lewis-Leland, Mississippi	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour 28 2/3 32
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive crushing infarction of heart.		
	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.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ROAD Accident	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pemiscot Twp. Pemiscot Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 15, 1949 6:00	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck overturned. 28
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22. I hereby certify that I attended the deceased from **Nov 15, 1949**, to **Nov 15, 1949**, that I last saw the deceased alive on **Nov 15, 1949**, and that death occurred at **7:40** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Caruthersville Mo	23c. DATE SIGNED 11/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Leland, Mississippi	24d. LOCATION (City, town, or county) (State) Leland, Mississippi
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DATE REC'D BY LOCAL REG. Nov. 18, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home C'Ville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-49-272
1-1-36

NOV 19 REC'D

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

William D. Fike

Licensed Embalmer No.

4484

P. O. Address

Caruthersville, 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.