

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43443**
Registrar's No. **35**

FILED JAN 7 1950 REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4502**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico, Mo.	
c. LENGTH OF STAY (in this place) 52 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) BENJAMIN c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1864	9. AGE (In years last birthday) 85	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hickman, Ky.	

13a. FATHER'S NAME Reed Lewis	13b. MOTHER'S MAIDEN NAME Elizabeth Kitchen	14. NAME OF HUSBAND OR WIFE Jane Lewis Puxico, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Iva Osborne Puxico, Mo.	
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, asthenia; etc. It means the disease, injury, or complication which caused death.</i>		19. DATE OF OPERATION	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of lip + nose		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1994

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) m.	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 Sept, 1949, to Dec 21, 1949, that I last saw the deceased alive on Dec 21, 1949, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>V. H. Skillegen</i>	(Degree or title) Dr.	23b. ADDRESS Puxico Mo.	23c. DATE SIGNED 12-24-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 22, 1949	24c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery	24d. LOCATION (City, town, or county) (State) Puxico, Mo.
DATE REC'D BY LOCAL REG. 12-24-49	REGISTRAR'S SIGNATURE <i>Flora Morgan</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Flora Morgan</i>	ADDRESS Puxico Mo.

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

RECEIVED JAN 3 1950

District Health Office No. 2,

District File Number 150-4

Date Filed _____

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Pupis, 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.