

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43977**

BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **4538** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) GEN. DEL.	

3. NAME OF DECEASED (Type or Print)	a. (First) OLLIE	b. (Middle) MAE	c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) DEC. 28, 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 11, 1909	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 6 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) DE SOTO, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE W. EMERY	13b. MOTHER'S MAIDEN NAME MARY MARLER	14. NAME OF HUSBAND OR WIFE CHARLES LEWIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Charles Lewis	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertension heart disease		
	*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.		443X	

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) _____	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 **1939**, 19____, to _____, **1949**, that I last saw the deceased alive on **Dec 26**, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Piedmont, Mo.	23c. DATE SIGNED 1/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 1, 1950	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) PIEDMONT MO.
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DATE REC'D BY LOCAL REG Jan. 14, 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 2 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-160

24 COPIES

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~~ ^{XXX}

MARVIN E. BOWLES

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Marvin E. Bowles

Signed _____
Student Embalmer

Licensed Embalmer No. 4426

P. O. Address PIEDMONT, MISSOURI

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.