

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

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5322 State File No. 636
REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 2-1950

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Benton	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Rural Rt. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Emmett c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1876
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Operator-Real Estate	11. BIRTHPLACE (State or foreign country) Cuba, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lawrence H. Lewis		13b. MOTHER'S MAIDEN NAME Elizabeth Evans	
14. NAME OF HUSBAND OR WIFE Marie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Marie Lewis		ADDRESS Cuba Mo.	
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, asthma, 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) Carcinoma of neck		1 year	
ANTECEDENT CAUSES DUE TO (b) Carcinoma of urethra		1 1/2 yrs	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		144X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 6-14 , 19 49 , to 1-23 , 19 50 , that I last saw the deceased alive on 1-21 , 19 50 , and that death occurred at 11:53A.M. , from the causes and on the date stated above.			
23a. SIGNATURE M. Norman O'Neil M.D.		23b. ADDRESS 508 North Grand, St. Louis	
23c. DATE SIGNED 1-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25	
24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Mo.	
DATE REC'D BY LOCAL REG. 1-26-1950		REGISTRAR'S SIGNATURE Paul C. Shank	
25. FEDERAL DIRECTOR'S SIGNATURE Paul C. Shank		ADDRESS Cuba, Mo.	

RECEIVED 2/1/50
District Health Officer No. 5,
District File Number 25078
Date Filed 2/2/50

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 _____
Student Embalmer

Signed

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.