

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4052

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4061</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>			
b. CITY OR TOWN <u>BRAYMER</u>		c. LENGTH OF STAY (in this place) <u>80 YRS.</u>		c. CITY OR TOWN <u>BRAYMER</u>		<u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>LEE</u> c. (Last) <u>HEWITT</u>			4. DATE OF DEATH <u>JAN. 12, 1950</u> (Month) (Day) (Year)				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 23, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 MOS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>GUSTAVE LAMBOTTE</u>			13b. MOTHER'S MAIDEN NAME <u>FELCIA BORD</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAMS, HEWITT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>GUY HEWITT BRAYMER, MO.</u> ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>with Metastases to Liver and Regional Lymph Glands</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs (?)</u> <u>151X</u> <u>my yo</u>
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 <u>Jan 7, 1950</u> , to <u>Jan 12, 1950</u> , that I last saw the deceased alive on <u>Jan 12, 1950</u> , and that death occurred at <u>7:30A m.</u> on the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Goldberger, M.D.</u> (Degree or title)				23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>Jan 20, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>		24d. LOCATION (City, town, or county) (State) <u>BRAYMER, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Helen C. Michael</u>		ADDRESS <u>Braymer, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10 48

0130



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 _____

Gene C. Michael

Licensed Embalmer No. _____

4340

P. O. Address _____

Braymer, 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.