

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9453**

542

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

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. LENGTH OF STAY (In this place) years		c. CITY (If outside corporate limits, write RURAL and give township) Lexington		d. STREET ADDRESS (If rural, give location) 265 N. 17th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 265 N 17th St.				d. STREET ADDRESS (If rural, give location) 265 N. 17th St.			
3. NAME OF DECEASED (Type or Print) a. (First) DAISY		b. (Middle) ELMA		c. (Last) LEWIS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 14, 1879	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 7		IF UNDER 1 HRS. Days 23		IF UNDER 1 HRS. Hours 23 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Belivior, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A							
13a. FATHER'S NAME Amos Tindle		13b. MOTHER'S MAIDEN NAME Nancy Ann Atwood		14. NAME OF HUSBAND OR WIFE Chas. Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Lewis, Lex., 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Stroke II. OTHER SIGNIFICANT CONDITIONS 443X				INTERVAL BETWEEN ONSET AND DEATH 3 months	
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) Lexington Lafayette Mo.		21d. HOW DID INJURY OCCUR? 17	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Mar 2, 1950 to Mar 7, 1950 , that I last saw the deceased alive on Mar 2, 1950 , and that death occurred at 12:30 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. E. Backner		23b. ADDRESS Backner		23c. DATE SIGNED 3/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/50		24c. NAME OF CEMETERY OR CREMATORY Backner		24d. LOCATION (City, town, or county) (State) Backner, Mo.	
DATE REC'D BY LOCAL REG. March 23, 1950		REGISTRAR'S SIGNATURE Wm. E. Backner		FUNERAL DIRECTOR'S SIGNATURE James J. Tempel		ADDRESS Rev. Mr.	

RECEIVED

MAR 27

Pull

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-50

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.

Student _____
Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 2983

P. O. Address Lexington 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.