

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12289

FILED APR 24 1950

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 74

1. PLACE OF DEATH  
a. COUNTY CHARITON  
b. CITY OR TOWN BRUNSWICK  
c. LENGTH OF STAY (in this place) 5 YEARS  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY CHARITON  
c. CITY OR TOWN BRUNSWICK 0210  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
(Type or Print) a. (First) HIRAM b. (Middle) T. c. (Last) LEWIS

4. DATE OF DEATH (Month) (Day) (Year)  
4-2-1950

5. SEX MALE  
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER

8. DATE OF BIRTH 11-10-1860

9. AGE (In years last birthday) 89  
If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROADER

10b. KIND OF BUSINESS OR INDUSTRY SECTION

11. BIRTHPLACE (State or foreign country) WALKERDAM INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WM. LEWIS

13b. MOTHER'S MAIDEN NAME H. TOLES

14. NAME OF HUSBAND OR WIFE WIDOWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MRS S. HENDERSON BRUNSWICK, 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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Valvular Heart disease  
ANTECEDENT CAUSES DUE TO (b) Senile Debility  
DUE TO (c) Age  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Anemia Secondary

INTERVAL BETWEEN ONSET AND DEATH  
10 years  
10 years  
4214

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)  
Brunswick Chariton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2d Apr 1950 to 2d Apr 1950, that I last saw the deceased alive on 2d Apr 1950, and that death occurred at 12 noon from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. J. Clemens

23b. ADDRESS Brunswick Mo

23c. DATE SIGNED 4 Apr 50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 4-4-1950

24c. NAME OF CEMETERY OR CREMATORY EVERGREEN

24d. LOCATION (City, town, or county) (State) DEWITT MISSOURI

DATE REC'D BY LOCAL REG. 4-4-1950

REGISTRAR'S SIGNATURE Mildred Bane 56

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. M. Mausel Brunswick Mo

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

1210

Rec 4-20-50  
RECEIVED APR 20  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 4-22-50

APR 18 1950

APR 20 1950

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 L. M. Baird

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick 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.