

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17259

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town OR HOLDEN		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City. 3008	
c. LENGTH OF STAY (In this place) 2 month		d. STREET ADDRESS (If rural, give location) Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bartling Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Louise	b. (Middle) Cochran	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) June 3, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12-29-1877	9. AGE (In years last birthday) 72-6-4	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (State or foreign country) Marshall, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Addison C. Lewis	13b. MOTHER'S MAIDEN NAME Francis Maupin	14. NAME OF HUSBAND OR WIFE None.
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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 Mrs. M. L. Bartling, Holden, Mo	ADDRESS Holden, Mo
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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, asthenia, 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) Cerebral hemorrhage		12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Hypertension		4 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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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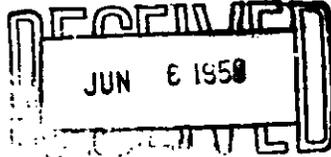
22. I hereby certify that I attended the deceased from Mar 4, 1950, to June 3, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Lowell M.D.	23b. ADDRESS Alder MO	23c. DATE SIGNED 6/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-6-50	24c. NAME OF CEMETERY OR CREMATORY Marshall Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. June 5, 1950	REGISTRAR'S SIGNATURE Mrs H O Redford 150	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. CAST, HOLDEN MO. EBCast
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JACKSON COUNTY HEALTH DEPT.

JUN 7 1958

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 E.B. Post

Licensed Embalmer No. 4059

P. O. Address Hollins, 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.