

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3037 State File No. 17322
Registrar's No. 17322

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5555

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

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mt Vernon</i>		c. LENGTH OF STAY (in this place) <i>6 years</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>914 Sun St</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Carthage</i> <i>0490</i>	
		d. STREET ADDRESS (If rural give location) <i>Rt I</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Jim</i> c. (Last) <i>Lewis</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 29 1950</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec-25-1860</i>	9. AGE (In years last birthday) <i>89</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Lawrence Co</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>George Washington Lewis</i>	13b. MOTHER'S MAIDEN NAME <i>Amanda Tebbell</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Etta Lewis</i>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>2 weeks</i> <i>7302</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremic poisoning</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Inability to retain fluids</i> DUE TO (c) <i>Age and general debility</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Osteomyelitis</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *4:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>F. A. Habines M.D.</i>	23b. ADDRESS <i>W. A. Vernon</i>	23c. DATE SIGNED <i>05-28-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-2-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fisher Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Avilla Mo</i>
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DATE REC'D BY LOCAL REG. <i>May 29, 1950</i>	REGISTRAR'S SIGNATURE <i>Cecil Handrick</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Max L. Fossett</i> ADDRESS <i>Mt Vernon Mo</i>
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ED MAY 31 1950
District Health Office No. 6,
District File Number 650-622
Date Filed 6-3-50

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Winston, N.C.

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.