

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17456

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Georgia</u> b. COUNTY <u>Colquitt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Hudson</u>	c. LENGTH OF STAY (in this place) <u>2 yrs. 6 mos</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Moultrie</u>	<u>8100</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>230 1st St. S.E.</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT E b. (Middle) _____ c. (Last) LEWIS

4. DATE OF DEATH (Month) (Day) (Year)
May 4, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 12/21/1867 9. AGE (In years last birthday) 82

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

10b. KIND OF BUSINESS OR INDUSTRY
Retail Grocery

11. BIRTHPLACE (State or foreign country)
Vienna, Va.

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

13a. FATHER'S NAME Jasper Lewis 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Ola M. Lewis

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 R.E. Lewis Jr ADDRESS Moultrie, Ga

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Psychosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Oct 3, 1946 to May 4, 1950, that I last saw the deceased alive on May 4, 1950 and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE R.H. Steel D.O. (Degree or title) 23b. ADDRESS Macon, Ga 23c. DATE SIGNED May 4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5/5/1950 24c. NAME OF CEMETERY OR CREMATORY West Veer 24d. LOCATION (City, town, or county) (State) Moultrie, Ga

DATE REC'D BY LOCAL REG. 6/7/50 REGISTRAR'S SIGNATURE Ruth McNeely 185 FUNERAL DIRECTOR'S SIGNATURE Albert Skumir ADDRESS Macon, Ga

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

RECEIVED 6-9-50
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-50-119
Date Filed 6-12-50

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 Albert S. Krumm

Licensed Embalmer No. 75-1

P. O. Address Macon, Ga

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.