

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24110

BIRTH NO. _____		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 4335		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, write RURAL and give township) TIPTON		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) TIPTON		0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) ERMIE - EDWARD - LEWIS			a. (First) ERMIE b. (Middle) EDWARD c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) 7 - 8 - 1950	
5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-27-1904	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (State or foreign country) TIPTON - MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD-LEWIS		13b. MOTHER'S MAIDEN NAME ADA-HUNTER		14. NAME OF HUSBAND OR WIFE GOLDIE-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 Mrs. Adas Lewis Tipton Mo ADDRESS Tipton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from Oct , 1949, to July , 1950, that I last saw the deceased alive on 7/8 , 1950, and that death occurred at 7 P m. , from the causes and on the date stated above.							
23a. SIGNATURE J. F. Potts M.D. (Degree or title)				23b. ADDRESS Tipton, Mo.		23c. DATE SIGNED 7/10/50	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 7-11-1950		24c. NAME OF CEMETERY OR CREMATORY TIPTON CEMETERY		24d. LOCATION (City, town, or county) (State) TIPTON MO	
DATE REC'D BY LOCAL REG. 7-12-1950		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		203		FUNERAL DIRECTOR'S SIGNATURE Jessie E. Richard ADDRESS Tipton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7/19/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-19-50

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

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *James E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Jupton 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.