No. 300
30.48

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

FILED SEP 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31190

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton 1720
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Callie
b. (Middle): Doshia
c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb/9/ 1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Abner Gossett
13b. MOTHER'S MAIDEN NAME: Frances Dilly
14. NAME OF HUSBAND OR WIFE: George I Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: ?????
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: George I Lewis, Stella 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured hip — 6 mo.
DUE TO (c)

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): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Stella Newton Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-20-50 8a m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell at back door on concrete steps

22. *I hereby certify that I attended the deceased from* 8-1 *1950, to* 9-5 *1950, that I last saw the deceased alive on* 9-5 *1950, and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Do.
23b. ADDRESS: Wheaton Mo.
23c. DATE SIGNED: 9-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/7/1950
24c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
24d. LOCATION (City, town, or county) (State): Stella, Mo

DATE REC'D BY LOCAL REG.: 9-7-1950
REGISTRAR'S SIGNATURE: Alpha Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wm Morris Pogue Wheaton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

9/11

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-201

Date Filed SEP 11 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 .....

..... working under my personal supervision.

Student Embalmer No. .....

Signed James Kenyth Dunn

Signed .....
Student Embalmer

Licensed Embalmer No. 4767

P. O. Address Wheaton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.