

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 21 1950

32391

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY OR TOWN <u>CABOOL</u>	c. LENGTH OF STAY (in this place) <u>17 yrs.</u>	c. CITY OR TOWN <u>CABOOL</u> 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRED</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>LEWIS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>SEPT. 12, 1950</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 19, 1901</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>PERRY CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>DAVE LEWIS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH STAUFFER</u>	14. NAME OF HUSBAND OR WIFE <u>ERVELLA LEWIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>498-32-5128</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ERVELLA LEWIS</u>	ADDRESS <u>CABOOL</u>
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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 <u>40 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

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)	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 Sept 10, 1950, to Sept 12, 1950, that I last saw the deceased alive on Sept 12, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>Sept 13/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEMET.</u>	24d. LOCATION (City, town, or county) (State) <u>CABOOL MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cabool</u>
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No. 300
10.48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SFP 18 1950
Dist. File 950-1933
Date Filed 9-20-50

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.

Signed.....
James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Cabool, Mo.

Signed.....
Student Embalmer

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.