

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33970

No. 300

10.48

BIRTH NO. 28928-50 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 353

537
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		0532
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>607, Harrison St.</u>		
3. NAME OF DECEASED a. (First) <u>Nola</u> b. (Middle) <u>Marie</u> c. (Last) <u>Lewery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>May 30, 1950</u>	9. AGE (In years last birthday) <u>4</u>	10. MONTHS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Lebanon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Noel Lewery</u>		13b. MOTHER'S MAIDEN NAME <u>Kie Baker</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Noel Lewery</u>		
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) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pertussis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 weeks</u> <u>0561</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>birth</u> , 19 <u>50</u> , to <u>Oct. 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 3</u> , 19 <u>50</u> , and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Will Corcoran</u>			(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lebanon, Mo</u>	23c. DATE SIGNED <u>10-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 5 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-10-1950</u>	REGISTRAR'S SIGNATURE <u>Mella L. Way</u>		424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	
				ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1950

Received -----

Laclede County Health Unit

File No. 10-59154

OCT 16 1950

Date Filed -----

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.