

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34009

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4270 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dover		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dover	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) a. (First) HILTON b. (Middle) c. (Last) LEWIS			4. DATE OF DEATH Oct. 27, 1950 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 28, 1869	9. AGE (In years last birthday) 81	10. MONTHS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			11. BIRTHPLACE (State or foreign country) Lafayette Co., Mo.		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Abram J. Lewis	13b. MOTHER'S MAIDEN NAME Derinda Walker	14. NAME OF HUSBAND OR WIFE Lizzie Winn (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey H. Lewis, Dover, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year 5 days 491X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Pneumonia DUE TO (c) Hypertensive		
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 <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)	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 10/22, 1950, to 10/27, 1950, that I last saw the deceased alive on 10/27, 1950, and that death occurred at 9:35 P.M. from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS [Address] MO	23c. DATE SIGNED 10/27/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/28/50	24c. NAME OF CEMETERY OR CREMATORY Dover
24d. LOCATION (City, town, or county) Dover, Mo.		24e. (State)

DATE REC'D BY LOCAL REG. Nov 2-1950	REGISTRAR'S SIGNATURE Clayton W. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forest F. Tempel, Lex. Mo.
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(Planned Embalmer's Statement on Reverse Side)

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

2540

RECEIVED 114-52

DISTRICT HEALTH OFFICE No. 9

District File Number _____

Date Filed 11-4-52

114-52
11/4/52

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 *Geo. M. Keane*

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.