

FILED OCT 25 1950 STANDARD CERTIFICATE OF DEATH

State File No. 34431  
Registrar's No. 248

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 249 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>622 Taylor</u>	

3. NAME OF DECEASED (Type or Print) <u>George Elmer Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 15 1904</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	

13a. FATHER'S NAME <u>Jonathan Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Dellena</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>491-07-0061</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dellena Lewis, Moberly, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Liver</u>		
ANTECEDENT CAUSES			5810
Morbid 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.			

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 Dec 19 1949 to Oct 15 1950, that I last saw the deceased alive on Oct 14 1950, and that death occurred at 5:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willie Lewis, R.M.D.</u>	23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>Oct 16 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 17 50 Seal Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>269 Mahan and Son, Moberly, Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 23 1957

Date Received: OCT 23 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 10-50  
Date Filed: OCT 24 1957

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

*Frank B. DeWitt*

Licensed Embalmer No. 3021

P. O. Address

*Trubely, 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.