S. No. 300
v. 10.48

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37852

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4356 Registrar's No. 32

0720

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

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
c. LENGTH OF STAY (in this place) 35 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West end of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma 0720
d. STREET ADDRESS (If rural, give location) Parma, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First) Wilber
b. (Middle) Andrew
c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950

5. SEX M 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 25, 1872

9. AGE (In years last birthday) [redacted]78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Lewis

13b. MOTHER'S MAIDEN NAME Drusilla Anderson

14. NAME OF HUSBAND OR WIFE Roxie Lewis Parma, Mo

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

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) Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute glomerular nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible gastric ulcer

INTERVAL BETWEEN ONSET AND DEATH: 570 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1949, *to* 11-14, 1950, *that I last saw the deceased alive on* 11-12, 1950, *and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Geo W Husted (Degree or title) MD

23b. ADDRESS Parma Mo

23c. DATE SIGNED 11-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 16, 1950

24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery

24d. LOCATION (City, town, or county) (State) Malden Missouri

DATE REC'D BY LOCAL REG. 11-18-50

REGISTRAR'S SIGNATURE Dr Geo W Husted MD 217

25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service ADDRESS Parma Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 24 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Walter Marsh Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter 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.