

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3601

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (in this place) <u>0-7-17</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-1951</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>1-4-1894</u>
9. AGE (in years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Lewis</u>	
13b. MOTHER'S MAIDEN NAME <u>Madison</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Myron Drake</u>		ADDRESS <u>Nevada 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dysphylax Meningo Encephalitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES 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. <u>025X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE HOMICIDE	
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 <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>5-13</u> , 19 <u>50</u> , to <u>1-10</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>1-10</u> , 19 <u>51</u> , and that death occurred at <u>10:24</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Bunch M.D.</u>		23b. ADDRESS <u>State Hospital #3</u>	
23c. DATE SIGNED <u>1-10-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Hayes</u>	
DATE REC'D BY, LOCAL REG. <u>Jan. 15-51</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Young</u> 331 ADDRESS <u>Nevada Mo.</u>	

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

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DIVISION OF HEALTH OF MO.
L. and No. 5 - Springfield

RECEIVED JAN 18 1951

Dist. File 157-153

Date Filed 1-18-51

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 Allen W. Kaye.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, 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.