

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

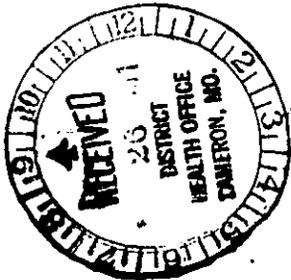
State File No. 7844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 3014 Registrar's No. 24

241

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>		c. LENGTH OF STAY (in this place) <b>48 Yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>220 Shrader</b>		d. STREET ADDRESS (If rural, give location) <b>220 Shrader St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b>		b. (Middle) <b>Lewey</b>	
c. (Last) <b>Lewey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 16, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>April 3, 1864</b>
9. AGE (In years last birthday) <b>86</b>		10. UNDER 1 YEAR (Months) <b>11</b>	11. UNDER 24 Hrs. (Days) <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Francis McKain</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Edward Lewey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE, OR NAME <b>Mrs. Henry Hontz</b>		ADDRESS <b>Liberty, Missouri</b>	
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) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>following delirium</b>	
DUE TO (c) _____		331 X	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
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) 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 <b>May</b> , 19 <b>50</b> to <b>March</b> , 19 <b>51</b> ; that I last saw the deceased alive on <b>March 14</b> , 19 <b>51</b> , and that death occurred at <b>11</b> <b>P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. H. Goodson M.D.</b>		23b. ADDRESS <b>Liberty Mo</b>	
23c. DATE SIGNED <b>3/17/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-19-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>March 19 1951</b>		REGISTRAR'S SIGNATURE <b>Minnie Hayes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Church-Creech Co.</b>		ADDRESS <b>Liberty Mo</b>	



**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 \_\_\_\_\_

Licensed Embalmer No. 4448

P. O. Address Liberty 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.