

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17465

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 136

0742

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

1. PLACE OF DEATH a. COUNTY <u>Hadaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Hadaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasantwood</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasantwood, MO R.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Ann's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Benjamin</u> b. (Middle) <u>Reed</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W-</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 30-1909</u>			9. AGE (In years last birthday) <u>41</u>		10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Stonbury, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Chancy Ben Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy E. Dunham</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Mildred Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>done</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Lewis Pleasantwood</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatous</u>			INTERVAL BETWEEN ONSET AND DEATH <u>70</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Ca of Stomach</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>151X</u>

19a. DATE OF OPERATION <u>May 8 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Metastatic Ca</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 April 27, 1951, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Johnson, M.D.</u>		23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>6/4/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>107-16 11</u>		24b. DATE <u>6/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>2001 Pleasantwood</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasantwood Hadaway MO</u>	
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DATE REC'D BY LOCAL REG. <u>6-9-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tabby H. Phillips, Stonbury</u>	
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11/19/51



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 _____

working under my personal supervision.

Student Embalmer No.

Signed John T. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stanhurst, 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.