

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 19492

FILED JUL 2 - 1951

675

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Highland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>William</b> c. (Last) <b>Lewis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 16, 1898</b>	9. AGE (In years last birthday) <b>53</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>night watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ford Plant</b>		11. BIRTHPLACE (State or foreign country) <b>Highland, Kansas</b>	

13a. FATHER'S NAME <b>William H. Lewis</b>		13b. MOTHER'S MAIDEN NAME <b>Katie Ran</b>		14. NAME OF HUSBAND OR WIFE <b>Ora A. Lewis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>509-14-1494</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ora A. Lewis, Highland, Kansas</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction</b> <b>Fracture left hip</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>3 days</b> <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Adhesion and volvulus of ileum</b> <b>Accident</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>mild broncho pneumonia</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Fracture left femur</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., labor about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Highland, Doniphan, Kansas</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 13 51 2P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hay rack fell on him</b>
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22. I hereby certify that I attended the deceased from **June 13, 1951**, to **June 16, 1951**, that I last saw the deceased alive on **June 16, 1951**, and that death occurred at **11:50P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>O. Grant MD</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>6.17.51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>June 17, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland, Kansas</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>June 28, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Castel</b>	446	25. FUNERAL DIRECTOR'S SIGNATURE <b>Newton Berman Funeral</b>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *James R. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 S 10 St

**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.