

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived - If institution; residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt Fork Twsp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt Fork Twsp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 1/2 miles S. E. Marshall, Mo. P. L. Marshall, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural, 10 1/2 mi. Se. Marshall, Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>Julia Lewis</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>July, 25th, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 31, 1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR <b>7</b> Days	IF UNDER 24 HRS. <b>24</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Missour</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Samuel Jackson</b>	13b. MOTHER'S MAIDEN NAME <b>Bettie Jackson</b>	14. NAME OF HUSBAND OR WIFE <b>Richard Lewis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard Lewis, Marshall, P. L. Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>1 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		<b>3 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma Left breast</b>		<b>1947</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331XH</b>		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 1, 1946**, to **July 25, 1951**, that I last saw the deceased alive on **July 20, 1951**, and that death occurred at **7:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Richard Lewis, M.D.</b> (Degree or title)	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>7/25/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/28/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Finis Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 28, 1951</b>	REGISTRAR'S SIGNATURE <b>Lidway F. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Green &amp; Sons Marshall, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 7-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number: \_\_\_\_\_

Date Filed 7-30-51

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 \_\_\_\_\_

Licensed Embalmer No. 4220

P. O. Address \_\_\_\_\_

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.