

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29319**

BIRTH NO. _____ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6254** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Wayne <i>1110</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN near Coldwater, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <i>0120</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rte. 5 <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Ray	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year)
				8 3 51

5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <i>0</i>	8. DATE OF BIRTH 9/27/23	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Month 10 Day 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lath operator	10b. KIND OF BUSINESS OR INDUSTRY Midwest Mower Co.	11. BIRTHPLACE (State or foreign country) Jamestown, Ark. <i>/</i>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William E. Lewis	13b. MOTHER'S MAIDEN NAME May Brancum	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes World War II	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jimmie Lewis	ADDRESS St. Louis, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) motorcycle accident DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		68144	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 32	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) highway #67	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Coldwater Wayne Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 3, 1951 9:15 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Was thrown off motorcycle
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Martin E. Bowler</i>	(Degree or title)	23b. ADDRESS <i>Medmont Mo.</i>	23c. DATE SIGNED 8/15/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Denning Cem.	24d. LOCATION (City, town, or county) (State) Rural Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. AUG 17 1951	REGISTRAR'S SIGNATURE <i>Mabel Beasley</i> 341	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

FILED AUG 21 1951

RECEIVED
AUG 17 1951

WAYNE CO. HEALTH CENTER

FILE No. 851-51

SEP 19 1951

APR 1 1952

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 W. Pine Poplar Bl

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.