

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30760

BIRTH NO. 51011-51 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 444

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marceline, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0210</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>William Clark Lewis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	
8. DATE OF BIRTH <b>Aug. 13, 1951</b>		9. AGE (In years last birthday) <b>12</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Salisbury, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Charles Allen Lewis</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Judson Kitchen</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Allen Lewis</b>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 hr</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>premature birth (6 mos gestation)</b>		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>7768</b>	
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?	

22. I hereby certify that I attended the deceased from **Aug 13, 1951**, to **Aug 14, 1951**, that I last saw the deceased alive on **Aug 14, 1951**, and that death occurred at **2 2 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Horns - M.D.</b>		(Degree or title)		23b. ADDRESS <b>Salisbury, Missouri</b>	
				23c. DATE SIGNED <b>Aug. 14, '51</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 14, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery Brunswick Missouri</b>	
				24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <b>Sept. 15 1951</b>		REGISTRAR'S SIGNATURE <b>Mary Jane Andrew</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Laura Lewis Brunswick, Mo.</b>	
				ADDRESS	

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

05-81  
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Date Received: OCT 10 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-1809  
Date Filed: OCT 10 1951

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.