

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31083

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pike
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eolia 0820
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
a. (First) Thomas b. (Middle) Jefferson c. (Last) Lewis
4. DATE OF DEATH (Month) (Day) (Year) 9-24-1951

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1
8. DATE OF BIRTH 9-3-1881 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY farm work 11. BIRTHPLACE (State or foreign country) Pike Co. Mo. U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Lewis 13b. MOTHER'S MAIDEN NAME Hannah Warren 14. NAME OF HUSBAND OR WIFE Georgia Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Georgia Lewis ADDRESS Eolia Mo

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure
ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis
DUE TO (c) Secondary Anemia
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 NO

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-20-51, 1951, to 9-24-, 1951, that I last saw the deceased alive on 9-24-51, 1951, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Dr. C. C. ... M.D. 23b. ADDRESS Louisiana, Mo 23c. DATE SIGNED 9-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Sept 27 1951 24c. NAME OF CEMETERY OR CREMATORY 1st Baptist Cemetery 24d. LOCATION (City, town, or county) (State) Near Eolia Mo.

DATE REC'D BY LOCAL REG. Sept 25 1951 REGISTRAR'S SIGNATURE Bernice Callier 374 25. FUNERAL DIRECTOR'S SIGNATURE M. Funeral Service ADDRESS Eolia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1778
Date Filed: OCT 8 1951

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 Norman E. Goode

Licensed Embalmer No. 3242

P. O. Address Eolia - 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.