

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40980

State File No.

FILED JAN 7 1952

84022-5124

BIRTH NO. _____ REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 37

220

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

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spokane Mo</u>		c. LENGTH OF STAY (If in the place) <u>12 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spokane Mo</u> <u>0220</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural. S. Galloway</u>				d. STREET ADDRESS (If rural, give location) <u>Rural. Spokane. Mo RR</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u> b. (Middle) <u>Ray</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1951</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov 12, 51</u>	9. AGE (In years last birthday) <u>Iday</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.	
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) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Clarence Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Cuma Hopper</u>			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) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Lewis, Spokane, Mo RR</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Failure of foraneovale to close & pulmonary arteries to open</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>			
18. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7543</u>						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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:50 p.m.</u> from the causes and on the date stated above.										
23a. SIGNATURE <u>L.S. Shumate MD</u> (Degree or title)				23b. ADDRESS <u>Beedspring Mo</u>				23c. DATE SIGNED <u>11/16/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spokane</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>				
DATE REC'D BY LOCAL REG. <u>Nov 1-1951</u>		REGISTRAR'S SIGNATURE <u>Loretta Leonard</u> <u>59</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 F. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.