

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DECEASED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **21**

0164

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		0164 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mouser Nursing Home				d. STREET ADDRESS (If rural, give location) 130 a North Sprigg Street			
3. NAME OF DECEASED (Type or Print) a. (First) Clara			b. (Middle) Emma		c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) 1-15-1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 1, 1890		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Hotel Idan-ha		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Jacob Busch			13b. MOTHER'S MAIDEN NAME Henrietta Miller		14. NAME OF HUSBAND OR WIFE Glenn W. Lewis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-05-4030		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Lewis, San Antonio, Tex			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma Cervix with Generalized pelvof metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) 171 X			
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 June 19, 1949 , to Jan 15, 1952 , that I last saw the deceased alive on Jan. 15, 1952 , and that death occurred at 4:20 A.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. B. Edmond M.D.				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 1/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-52		24c. NAME OF CEMETERY OR CREMATORY Salem Evangelical		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 1-16-52		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE C. C. Summers		ADDRESS Cape Girardeau, Mo.	

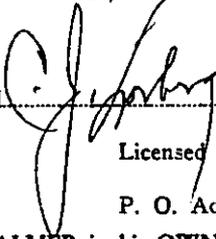
STATEMENT BY LICENSED EMBALMER

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. 3810

P. O. Address Cape Girardeau 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.