

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4053

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 195

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (in this place) 29 yrs. | | d. STREET ADDRESS (If rural, give location) 204 Century Apt's. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 204 Century Apt's. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Richard | b. (Middle) Earickson | c. (Last) Lewis | 4. DATE OF DEATH (Month) (Day) (Year) February 15, 1952. |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH February 21, 1891 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales man | 10b. KIND OF BUSINESS OR INDUSTRY Graham Paper Co. | 11. BIRTHPLACE (State or foreign country) Hunteville, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Richard E. Lewis | 13b. MOTHER'S MAIDEN NAME Elizabeth Hutchinson | 14. NAME OF HUSBAND OR WIFE Mrs. Lucile H. Lewis |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY (If yes, give number and date of service) 495-03-2624^{NO.} | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucile H. Lewis St. Joseph, 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, ashenia, 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) Left Hemiplegia | | 5 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes Mellitus | | 2 months |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 15 years |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 22 Nov 1946 to 15 Feb 1952, that I last saw the deceased alive on 13 Feb 1952, and that death occurred at 9:15A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Dr. W. Stang M.D.</i> | 23b. ADDRESS Tootle Bldg. St. Joseph Mo | 23c. DATE SIGNED 16 Feb |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb. 18, 1952. | 24c. NAME OF CEMETERY OR CREMATORY Glasgow Cemetery | 24d. LOCATION (City, town, or county) (State) Glasgow, Missouri. |
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| DATE REC'D BY LOCAL REG. Feb 21, 1952 | REGISTRAR'S SIGNATURE <i>Carl C. Curtis</i> | 25. GENERAL DIRECTOR'S SIGNATURE <i>Walter H. ...</i> | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Raymond H. Harkness

Licensed Embalmer No. 4413 Missouri.

Signed ***** Student Embalmer

P. O. Address St. Joseph, Missouri.

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.