

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9104**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	d. STREET ADDRESS (If rural, give location) 1709 Chestnut
d. FULL NAME OF HOSPITAL OR INSTITUTION Riverview Park			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin Isaac b. (Middle) Lewis c. (Last)			4. DATE OF DEATH Found 3/8/52 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 29, 1896	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 1 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Relief operator		10b. KIND OF BUSINESS OR INDUSTRY City Light Plant	11. BIRTHPLACE (State or foreign country) Pike County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Mark Lewis	13b. MOTHER'S MAIDEN NAME Annie Richardson	14. NAME OF HUSBAND OR WIFE Nellie Lewis		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 490 07 9557	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Lewis		ADDRESS Hannibal Missouri
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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* (a) Found dead, Carbon Monoxide			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Poisoning, Suicide Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	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 E 9731			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Riverview Park	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Missouri		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Found 3/8/52 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Suicide Carbon Monoxide Poisoning		
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. Crawford Smith 3 (Degree or title) Coroner	23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 7/10/52
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24a. BURIAL/CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/11/52	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Falls Missouri	
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DATE REC'D BY LOCAL REG. 3/10/52	REGISTRAR'S SIGNATURE H. C. Fisher Deputy	25. FUNERAL DIRECTOR'S SIGNATURE H. Crawford Smith ADDRESS Hannibal Missouri		
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189-1 (Licensed Embalmer's Statement on Reverse Side)

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

1644
3

1644
8

RECEIVED MAR 18 1952
MARION CO. HEALTH DEPT.
DATE FILED MAR 18 1952

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.....

John S. Stand

Signed.....
Student Embalmer

Licensed Embalmer No. ~~3024~~ 4540

P. O. Address Hannibal 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.