

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9222

FILED APR 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5-827</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaFont Twsp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaFont Twsp</u>		<u>1720</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Hollywood Ct.</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles west of Hollywood Ct.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u> b. (Middle) <u>Lewis</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-25 1882</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 24 HRS. Hours <u>2</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>W. M. Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Harrison Lewis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Felix Earnheart</u> ADDRESS <u>St. Louis, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bilateral Bronchio Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - Senility</u> DUE TO (c) <u>Atherosclerosis - Carcinoma</u>				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 <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) <u>192X</u>					
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 <u>1/18/52, 1952</u> , to <u>3/27</u> , 1952, that I last saw the deceased alive on <u>3/25</u> , 1952, and that death occurred at <u>4:15a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Orville B. Chandler MD</u>				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>3/28/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-28-52</u>		REGISTRAR'S SIGNATURE <u>H. J. Bondel Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home - Lilbourn, Mo.</u>					

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Tillbourn, 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.