

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9266**
Registrar's No. **87**

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 9 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell	
		d. STREET ADDRESS (If rural, give location) 1740	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Delno c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-5-52	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Walnut log buyer	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Thomas Lewis	13b. MOTHER'S MAIDEN NAME Elizabeth St. John	14. NAME OF HUSBAND OR WIFE Blanch Mercer Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-14-3957	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Blanch Lewis Parnell, Mo

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 4201	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 **March 26, 1952**, to **April 4, 1952**, that I last saw the deceased alive on **April 3, 1952**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Matterson (Degree or title)	23b. ADDRESS Grand City Mo.	23c. DATE SIGNED 4-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-8-1952	24c. NAME OF CEMETERY OR CREMATORY New Friendship
DATE REC'D BY LOCAL REG. 4-11-52	REGISTRAR'S SIGNATURE Bess Bolt	24d. LOCATION (City, town, or county) (State) Gentry, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dangle, Grand City Mo.		

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

742
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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

Billy A. Dunfee Student Embalmer No. 445
working under my personal supervision.

Student Billy A. Dunfee
Student Embalmer

Signed Arch C. Dunfee

Licensed Embalmer No. 3257

P. O. Address Grant City 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.