

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12012

State File No. _____

FILED MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5122 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browns Station</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browns Station</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMETT</u> b. (Middle) <u>ELBERT</u> c. (Last) <u>LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 25, 1883</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR (Month) (Day) <u>2 1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Mansfield Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Foley</u>	14. NAME OF HUSBAND OR WIFE <u>Illa May Stice</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emmett E. Lewis</u>	ADDRESS <u>Browns Station, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 Feb 14, 1950, to April 26, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James D. Allen MD</u>	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>4-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dripping Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 28 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parlier Funeral Service</u>	ADDRESS <u>Columbia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1955

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.