

U.S. No. 10-48 APR 24 1952

U.S. DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12543

State File No.

BIRTH NO. REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Clair</u> <u>0364</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Aldon</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>4</u> <u>52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawmill Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumbering</u>		8. DATE OF BIRTH <u>4-16-1905</u>	
9. AGE (In years last birthday) <u>46</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Sherman Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Benton</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-12-4472</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Lewis</u> ADDRESS <u>St. Clair, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 4-5, 1952 to DEATH, 1952, that I last saw the deceased alive on 4-5, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Peal</u> (Degree or title)		23b. ADDRESS <u>St. Clair, Mo.</u>		23c. DATE SIGNED <u>4-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Clair Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey & Hewey</u>		ADDRESS <u>St. Clair, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-8-1952</u>		REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>			

(Licensed Embalmer's Statement, on Reverse Side)

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

3366
3366
3366

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 _____

Colin Forbes

Student Embalmer No. 439

working under my personal supervision.

Christopher

Student
Student Embalmer

Signed *R. M. Leroy*

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.