

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12641**

MAY 12 1952 BIRTH NO. <b>3910</b>		REG. DIST. NO. <b>28</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>445</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>12 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield 0396</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1463 North Warren Ave.,</b>			
3. NAME OF DECEASED (Type or Print) <b>RENA</b>		a. (First) <b>RENA</b>		b. (Middle) <b>(NONE)</b>		c. (Last) <b>LEWIS</b>	
4. DATE OF DEATH <b>May 4, 1952</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 27, 1873</b>		9. AGE (In years last birthday) <b>78</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Caucasian</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Webster County, Mo.,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Bell</b>		13b. MOTHER'S MAIDEN NAME <b>Renda Hargus</b>	
14. NAME OF HUSBAND OR WIFE <b>Earl Lewis</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl Lewis</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular Disease</b> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 <b>4221</b>		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)	
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 <b>May 2, 1952</b> , to <b>May 4, 1952</b> , that I last saw the deceased alive on <b>May 4, 1952</b> , and that death occurred at <b>5:30 pm.</b> , from the causes and on the date stated above.		23a. SIGNATURE <b>Lemuel R. Brown</b> (Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>Springfield, Missouri</b>		23c. DATE SIGNED <b>5/5/1952</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/8/1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Marshfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshfield, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ayre-Goodwin Fun'l Service, Spgfld,</b>		DATE REC'D BY LOCAL REG. <b>5-6-52</b>	
REGISTRAR'S SIGNATURE <b>Lemuel R. Brown, M.D.</b>		ADDRESS		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MO.

623 West Walnut  
SPRINGFIELD, MISSOURI  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4594

P. O. Address Springfield, Pa.

**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.