

S. No. 300
V. 10.48

LED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19492
Registrar's No. 643

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

0117
0

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

1. PLACE OF DEATH a. COUNTY Buchanan		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 St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Metho. Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN	b. (Middle) J.	c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) June 15, 1952
---	----------------	-----------------	--

5. SEX female /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Oct. 13, 1923	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
-----------------	------------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Grant City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME Clarence T. Richardson	13b. MOTHER'S MAIDEN NAME Elma Waugh	14. NAME OF HUSBAND OR WIFE Milo Lewis
---	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Milo Lewis, Parnell, Mo.	ADDRESS
---	------------------------------	--	---------

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 1 yr at least
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis		
	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 Uremia Paralytic ileus			

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)	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 May 26, 1952, to June 15, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Harold J. Burman MD	23b. ADDRESS St Joseph, Mo	23c. DATE SIGNED 6.17.52
------------------------------------	----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-15-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Grant City, Mo.
---	-------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. June 23, 1952	REGISTRAR'S SIGNATURE Carl C. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Hector Burman Funeral Home St. Joseph	ADDRESS
--	------------------------------------	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *314 So 10th St. Grand, W.*

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.