

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31254**

FILED SEP 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>4185</u>		Registrar's No. <u>33</u>											
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>FRANKLIN</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CLAIR</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CLAIR</u>		0360											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				0									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>LILLIE</u>			b. (Middle) <u>CAROLINE</u>			c. (Last) <u>LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 12 52</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 5, 1893</u>		9. AGE (in years last birthday) <u>59</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>WM. REDHAGE</u>				13b. MOTHER'S MAIDEN NAME <u>ELIZA PIERCE</u>				14. NAME OF HUSBAND OR WIFE <u>PLEZ E. LEWIS</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>PLEZ E. LEWIS</u>				ADDRESS <u>ST. CLAIR, MO</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma</u>										<u>6 months</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES															
		DUE TO (b) <u>metastatic carcinoma</u>										<u>6 months</u>					
		DUE TO (c) <u>metastatic carcinoma</u>										<u>6 months</u>					
		II. OTHER SIGNIFICANT CONDITIONS															
		Conditions contributing to the death but not related to the disease or condition causing death. <u>same as above</u>										<u>6 months</u>					
19a. DATE OF OPERATION <u>7-25-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>generalized metastatic carcinoma</u>										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 <u>Aug 11</u> , 1952, to <u>Sept 12</u> , 1952, that I last saw the deceased alive on <u>Sept 12</u> , 1952, and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>Dr. John M. Williamson D.O. 2</u>						23b. ADDRESS <u>St. Clair, Mo</u>				23c. DATE SIGNED <u>9-14-52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL</u>				24d. LOCATION (City, town, or county) (State) <u>LONEDELIA MO</u>									
DATE REC'D BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>E. J. Worthington</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey &amp; Lewis</u>				ADDRESS <u>St. Clair, Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

#362

**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

*B. M. Leno*

..... 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.