S. No. 300
v. 10.48

OCT 15 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32368

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5927 Registrar's No. 32

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

**1. PLACE OF DEATH**
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewis Twsp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 ½ Miles N.W. of Lilbourn

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2269
d. STREET ADDRESS (If rural, give location): 1421a Cass Ave

**3. NAME OF DECEASED** (Type or Print)
a. (First): Fannie
b. (Middle):
c. (Last): Lewis

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 9 1952

**5. SEX**: Female 3
**6. COLOR OR RACE**: Colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Oct. 13 1899
**9. AGE** (In years last birthday): 52 — If under 1 year: Months 11, Days 26 — 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**:
**11. BIRTHPLACE** (City and State or Foreign Country): DeKalb, Mississippi
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Britton
**13b. MOTHER'S MAIDEN NAME**: Jane Unknown
**14. NAME OF HUSBAND OR WIFE**:

**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.**: 498-01-9762
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Joseph Shaw-1421a Cass-St. Louis

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Ind'g Now — INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 10-9, 1952, *to* 10-9, 1952, *that I last saw the deceased alive on* 10-8, 1952, *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John H. Roberts O.M.D.
**23b. ADDRESS**: Lilbourn, Mo
**23c. DATE SIGNED**: 10-10-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 4
**24b. DATE**: 10-10-52
**24c. NAME OF CEMETERY OR CREMATORY**:
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: 10-13-52
**REGISTRAR'S SIGNATURE**: H. L. Conder Deputy 219-0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Gates Funeral Home-St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1952

## 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 Homer L. Ponder

Licensed Embalmer No. 8367

P. O. Address Lillburn, 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.