

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32597

State File No. _____
Registrar's No. 226

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006

883
1

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

| | | | | | |
|---|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> | | c. LENGTH OF STAY (in this place) <u>28 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> | | d. STREET ADDRESS (If rural, give location) <u>606 North Marley</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 North Marley</u> | | | d. STREET ADDRESS (If rural, give location) <u>606 North Marley</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>LEWIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-23-1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb-17-1875</u> | 9. AGE (In years last birthday) <u>77</u> | 10. NUMBER OF UNDER 1 YEAR <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>Farmer Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wesley Lewis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Patton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosa Lee 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. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George Lewis Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete Heart Block.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERNAL BETWEEN ONSET AND DEATH <u>6 mo.</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4222</u> |
| 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 <u>Aug</u> , 19 <u>52</u> , to <u>Sept 22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 22</u> , 19 <u>52</u> , and that death occurred at <u>100 P. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Will Lewis M.D.</u> | | | 23b. ADDRESS <u>Moberly Mo</u> | | 23c. DATE SIGNED <u>Sept 24 '52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 25 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Peach Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Howard County Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9/25/52</u> | REGISTRAR'S SIGNATURE <u>Charles Lewis</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u> | ADDRESS <u>Moberly Mo.</u> | | |

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

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.