

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37808

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1218

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BUCHANAN</u> | |
| b. CITY OR TOWN <u>RURAL - WASHINGTON</u> | | c. CITY OR TOWN <u>RURAL - WASHINGTON</u> | |
| c. LENGTH OF STAY (in this place) <u>5 YRS</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD #3 - ST-JOSEPH</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #3 - ST-JOSEPH</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PHEBE</u> b. (Middle) <u>E</u> c. (Last) <u>LEWIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19th 1952</u> | | |
| 5. SEX <u>FEM</u> | | 6. COLOR OR RACE <u>WHT</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>JAN-30-1869</u> | | 9. AGE (In years last birthday) <u>83</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT-HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (State or foreign country) <u>CLARKSDALE - MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>JOHN-B-ELLIOTT</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY-B-ESTES</u> | | 14. NAME OF HUSBAND OR WIFE <u>OLLIE-E-LEWIS</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE AND ADDRESS <u>Oct E. Lewis Pine Lawn Mo</u> | |
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| 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>Valvular Heart Lesion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u> | | | | | |

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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 Oct - 1947, to Nov. 19th 1952, that I last saw the deceased alive on Nov 18th 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

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|---|--|------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>John G. Pwails M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Wathena Kansas</u> | | 23c. DATE SIGNED <u>11-20-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-21-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL - CEM</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>ROSBY - MO</u> | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Nov 25, 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Stoney Funeral Home St Joseph Mo</u> | |
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WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed *John Roy Stoney*

Signed.....
Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.