

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 666
Registrar's No. 10

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124

0230
1

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

1. PLACE OF DEATH a. COUNTY <i>Clark</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Clark</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kahoka</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kahoka</i>	
c. LENGTH OF STAY (in this place) <i>70 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>1230</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <i>Maudie</i>	b. (Middle) <i>Myrtle</i>	c. (Last) <i>Lewis</i>	(Month) (Day) (Year) <i>Jan. 27 1953</i>

5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 16-1880</i>	9. AGE (years last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Jacob W. Lewellyn</i>	13b. MOTHER'S MAIDEN NAME <i>Olivia Semith</i>	14. NAME OF HUSBAND OR WIFE <i>H. H. Lewis</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>H. H. Lewis</i>	ADDRESS <i>Kahoka</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of the liver</i>		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) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1567</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from *Jan 1*, 1953, to *Jan 27*, 1953, that I last saw the deceased alive on *Jan 20*, 1953, and that death occurred at *3 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. Brings</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Kahoka Mo</i>	23c. DATE SIGNED <i>1-28-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 29-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kahoka Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Kahoka Mo.</i>
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DATE REC'D BY LOCAL REG. <i>1-28-53</i>	REGISTRAR'S SIGNATURE <i>M. Brings</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Guttinger Wud.</i>	ADDRESS <i>Kahoka</i>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1958

JAN 19 1958

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 *Olis L. Lutterey*

Licensed Embalmer No. *2985-*

P. O. Address *Amey*

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.