

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2243**

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 7

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
a. COUNTY <u>Miller</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Clean</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Miller</u>
c. LENGTH OF STAY (in this place)	d. FULL NAME OF HOSPITAL OR INSTITUTION	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clean Mo. 611</u>	d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>ANNIE</u>	b. (Middle) <u>-</u>	c. (Last) <u>LEWIS</u>	<u>Jan. 31, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 20, 1890</u>
9. AGE (years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>William Heckath</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lewis</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gene Lewis</u> ADDRESS <u>Clean, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>Yes.</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) _____	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>		DUE TO (c) _____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. S. Humphreys, D.O. Coroner</u>	23b. ADDRESS <u>Wassumbe, Mo.</u>	23c. DATE SIGNED <u>2-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wassumbe</u>	24d. LOCATION (City, town, or county) (State) <u>Clean Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 6, 53</u>	REGISTRAR'S SIGNATURE <u>Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis S. Phillips</u> ADDRESS <u>Clean</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Louis A. Phillips

Licensed Embalmer No.

3663

P. O. Address.....

Eden

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.