

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4543

BIRTH NO. _____ REG. DIST. NO. 35 PRIMARY REG. DIST. NO. 457 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jarney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownbranch</u>	
c. LENGTH OF STAY (If this place) <u>6 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1060 S</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stagger Community Hosp</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Grant</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-1953</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>10-19-1864</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>James</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jessett Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Lucenia Corbett</u>	14. NAME OF HUSBAND OR WIFE <u>Abbie 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 <u>Glady's Whitaker</u> ADDRESS <u>Brownbranch, 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>Pneumonia of stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES <u>intestinal tuberculosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lung trouble 2 yrs ago</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>177X</u> 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 <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) _____		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>1/24</u> , 19 <u>53</u> to <u>1/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/24</u> , 19 <u>53</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Glady's Whitaker</u> (Degree or title) _____		23b. ADDRESS <u>Forsyth, Mo</u>	
23c. DATE SIGNED <u>1/24/53</u>			
24a. BURIAL (Name of cemetery or place of interment) <u>Branson</u>		24b. DATE <u>1-24-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>same</u>		24d. LOCATION (City, town, or county) (State) <u>Brownbranch, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-53</u>		REGISTRAR'S SIGNATURE <u>W E Esparrow</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walterhead Funeral Home</u>		ADDRESS <u>377 W. Ave, Mo.</u>	

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

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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

Charles R. Fisk

Licensed Embalmer No. 4662

P. O. Address Ava, 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.