

FILED FEB 25 1953

THE DIVISION OF HEALTH OF THE STATE OF NEVADA  
STANDARD CERTIFICATE OF DEATH

State File No. **8533**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wash. Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield, Mo 0396</b>	
c. LENGTH OF STAY (In this place) <b>1 1/2 mo 30d</b>		d. STREET ADDRESS (If rural, give location) <b>1448 E. Central</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp 3 Nevada Mo</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>L</b> c. (Last) <b>LEWIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 5, 1953</b>	
---	--	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 4, 1860</b>	9. AGE (In years, last birthday) Months Days Hours Min. <b>92 8 4 - -</b>
-----------------------	--------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairyman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	--

13a. FATHER'S NAME <b>William Lewis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Lewis</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hosp 3 Nevada Mo</b>	ADDRESS <b>Nevada Mo</b>
---	--------------------------------------	--	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <b>few days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <b>491X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Psychosis</b>			

19a. DATE OF OPERATION <b>no</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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 **Aug 6, 1951**, to **Feb 5, 1953**, that I last saw the deceased alive on **Feb 5, 1953**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul L. Barone</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>State Hosp 3 Nevada Mo</b>	23c. DATE SIGNED <b>Feb 5 1953</b>
---	----------------------------------	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-5-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>2-21-53</b>	REGISTRAR'S SIGNATURE <b>C. J. Ferry</b>	25. FURNERAL DIRECTOR'S SIGNATURE <b>Thomas G. Long</b>	ADDRESS <b>Springfield, Mo</b>
--	---	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1080  
2

**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

*Richard H. Shorten*

Licensed Embalmer No. \_\_\_\_\_

*45325*

P. O. Address \_\_\_\_\_

*Nebraska*

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.