

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9556

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5469 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL FRANKLIN TOWNSHIP		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL 0400	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) FRANKLIN TOWNSHIP 0	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) LEWIS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR 25 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-12-1883
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME VALENTINE HEIN	
13b. MOTHER'S MAIDEN NAME CAROLINE KAW		14. NAME OF HUSBAND OR WIFE ALBERT GAY LEWIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT GAY LEWIS SPICKARD MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH minutes	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Hypertensive Cardio-vascular disease	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
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 3-23 , 19 53 , to 3-25 , 19 53 , that I last saw the deceased alive on 3-23 , 19 53 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE C. S. Clark		23b. ADDRESS Mr. D. Trenton, Mo.	
23c. DATE SIGNED 3-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 27 1953	
24c. NAME OF CEMETERY OR CREMATORY HALF ROCK CEM.		24d. LOCATION (City, town, or county) (State) HALF ROCK MO.	
DATE REC'D BY LOCAL REG. 3/29/53		REGISTRAR'S SIGNATURE Mrs. Nathan Cooper	
25. FUNERAL DIRECTOR'S SIGNATURE SCHOOLER FUNERAL HOME		ADDRESS SPICKARD MO.	

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

400
1

SEP 8 1955

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.