

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 40

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| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>0611</u> | |
| c. LENGTH OF STAY (in this place) <u>7yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>518 E Main</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 E. Main</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Lewis Sr</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 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>Aug 25, 1882</u> | | 9. AGE (In years last birthday) <u>70</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labover</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Renick, Mo</u> <u>U</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---------------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME <u>James Lewis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lena Lewis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Lewis</u> | |
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| 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>491-14-0752</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Lewis 518 E. Main Macon Mo</u> | |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 H. ?</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis 4 yrs.</u> | | | | | |
| | | DUE TO (c) <u>General Paresis</u> | | | | <u>3 yrs</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------------|--|--|--|--|--|
| 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) <u>42013</u> | |
| 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 6 Jan, 1953, to 11 April, 1953, that I last saw the deceased alive on 10 March, 1953, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

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|---|--|--------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Edward M. Johnson MD.</u> | | 23b. ADDRESS <u>Macon, Mo.</u> | | 23c. DATE SIGNED <u>4-4-53</u> | |
|---|--|--------------------------------|--|--------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 3, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Higbee Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Higbee Mo</u> | |
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| DATE REC'D BY LOCAL REG. <u>4/7/53</u> | | REGISTRAR'S SIGNATURE <u>Futh McNeely 185</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Hutton Macon Mo.</u> | |
|--|--|---|--|---|--|

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

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RECEIVED 4. 15. 53
MACON COUNTY HEALTH DEPARTMENT
County File No. 4. 53. 80
Date Filed 4. 15. 53

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 L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.