

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17522
State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 32

0300
1

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

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N. Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N. Benton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buffalo</u>		<u>Buffalo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cora</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Lewis</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 23-1953</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23-1886</u>	9. AGE (In years last birthday) <u>67</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	Hours	Min.
-----------------	---------------------------	---	-------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Philo, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	--

13a. FATHER'S NAME <u>Martin Rowlen</u>	13b. MOTHER'S MAIDEN NAME <u>Lyla Wender</u>	14. NAME OF HUSBAND OR WIFE <u>H. B. Lewis</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. B. Lewis</u>	ADDRESS <u>Buffalo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>4 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>		<u>4 years</u>
	DUE TO (c) <u>Chronic Nephrosis</u>		<u>one year</u>
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 <u>443X</u>	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 Jan 4, 1952, to May 22, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert D. V</u>	(Degree or title)	23b. ADDRESS <u>Buffalo, Missouri</u>	23c. DATE SIGNED <u>5-23-53</u>
-----------------------------------	-------------------	---------------------------------------	---------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Virginia Cem. Virginia Neb.</u>	24d. LOCATION (City, town, or county) (State)
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5/30/53</u>	REGISTRAR'S SIGNATURE <u>Miss Gene Petree</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u>	ADDRESS
---	---	---	---------

FEB 24 1954

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 *Lloyd Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.