

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20999**

**FILED JUL 13 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Keytesville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brunswick "Rural"</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS <b>1 1/2 N. E. of Brunswick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chariton Co. Rest Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charles</b>	b. (Middle) <b>Washington</b>	c. (Last) <b>Lewis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7--2--1953.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>5-5-1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmwork</b>	11. BIRTHPLACE (State or foreign country) <b>Chariton Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>William Lewis</b>	13b. MOTHER'S MAIDEN NAME <b>May Frances Crew</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Omen Gates Brunswick, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b>  <b>Dr. Kiser</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Fused corditis</b> 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 <b>4214</b>	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)
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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?
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22. I hereby certify that I attended the deceased from June 7, 1953, to July 2, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl C. Meyer</b>	23b. ADDRESS <b>M.D. Keytesville Mo</b>	23c. DATE SIGNED <b>7/4/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-4-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dalton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dalton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-6-53</b>	REGISTRAR'S SIGNATURE <b>H. H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. M. ...</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

10  
4

0210

714

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..... *L M Geisler* .....

Licensed Embalmer No. *823* .....

P. O. Address *Brunswick* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.