

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22214

State File No. ....

FILED JUL 10 1953

BIRTH NO. .... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4561 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u> 01040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 N. MAIN ST</u>		d. STREET ADDRESS (If rural, give location) <u>816 N. MAIN ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>LEWIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 3 1864</u>	9. AGE (In years last birthday) <u>89</u>	10. MONTHS <u>11</u>	11. DAYS <u>30</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HUSBAND WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>MONROE COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James D. Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Victoria Hayler</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES E. 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 NUMBER <u>1645 W...</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neil R. Lewis</u>	ADDRESS <u>Baltimore, Md</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>7-2-53</u>	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 4-12 1941, to 7-2 1953, that I last saw the deceased alive on 7-2-53, and that death occurred at 6-9-m., from the causes and on the date stated above.

22a. SIGNATURE <u>F. M. Timmons, D.O.</u>	23b. ADDRESS <u>Monroe City, Mo.</u>	23c. DATE SIGNED <u>7-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE CITY, MO</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7-7-53</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson &amp; Son's Monroe City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 9 1953  
MARION CO. HEALTH DEP.  
DATE FILED JUL 9 1953

DEC 1 1953

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Levin T. Helman

Licensed Embalmer No. 3014

P. O. Address Memphis City, Tenn.

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.