

No. 30
10. 48

FILED JUN 30 1953

STANDARD CERTIFICATE OF DEATH

State File No. **23675**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Lermon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Pineville	
c. LENGTH OF STAY (in this place) 1-6-0		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp #3			

3. NAME OF DECEASED (Type or Print) Robert		b. (Middle) E		c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) June 20-1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 DAY IF UNDER 1 HOUR IF UNDER 1 MIN. 42 00 F	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Lona Bell Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hospital Records	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH Unk.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis & exsanguine heart			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **12/20** 19**51**, to **6/20** 19**53**, that I last saw the deceased alive on **6/20** 19**53**, and that death occurred at **9:40** a.m., from the causes and on the date stated above.

23a. SIGNATURE W.D. Shroat		(Degree or title)		23b. ADDRESS Nebraska Mo		23c. DATE SIGNED 6/20/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 20 1953		24c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery		24d. LOCATION (City, town, or county) (State) Pineville Missouri	
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DATE REC'D BY LOCAL REG. 6-22-53		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

80
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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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Merada, Md

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.