

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28465**

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4233 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia	c. LENGTH OF STAY (In this place) 17 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) ELIZABETH c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10 1953		
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6 1883		9. AGE (In years last birthday) 70 If under 1 year: Months 3 Days 4 Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Bridges		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Clark Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. W. Anderson, Arcadia, Missouri.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 21 AN
---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X		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 Aug 3, 1953, to Aug 10, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 6:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.H. McInch...		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED Aug 13, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-53	24c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery	24d. LOCATION (City, town, or county) (State) Chloride, Missouri	
DATE REC'D BY LOCAL REG. 8-14-53		REGISTRAR'S SIGNATURE Mr. Orie Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.