

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32723**

FILED OCT 8 - 1953

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Saltspring twp.		c. LENGTH OF STAY (in this place) 43 yrs c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Saltspring township	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.E. Huntsville (1 1/2 mi.)		d. STREET ADDRESS (If rural, give location) S.E. Huntsville (1 1/2 mi.)	
3. NAME OF DECEASED (Type or Print) Nellie		a. (First) _____ b. (Middle) _____ c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 10, 1876
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MOS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) Youngstown, Ohio
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Harris		13b. MOTHER'S MAIDEN NAME Mariah Bowden	14. NAME OF HUSBAND OR WIFE Johnathan Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lenna Kaufman; Huntsville, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) arterio sclerosis 5 yr	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation of L. Leg. - Gangrene of L. Foot 3 mos ago	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	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)		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 July 2, 1953, to Sept 26, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) P. V. Dreyer MD		23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 9/26/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-28-1953	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
DATE REC'D BY LOCAL REG. 9-28-53		REGISTRAR'S SIGNATURE Mary H. Bentley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville

(Licensed Embalmer's Statement on Reverse Side)

MD

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

NO. 300
10.48

DEC 3 1958

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville

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.

md