

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38417

State File No. ....

FILED DEC 8 1953

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 390

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		e. STREET ADDRESS <u>324 W. Nichols</u> <u>0143</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie</u>	b. (Middle) <u>Jay</u>	c. (Last) <u>Lewis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>May 20, 1901</u>	9. AGE (In years) (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF BROKEN IN HRS. Hours <u>    </u> Min. <u>    </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hybrid Corn Pl.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William S. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>May Scott</u>	14. NAME OF HUSBAND OR WIFE <u>    </u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>yes</u> (If yes, state war & dates of service) <u>W.W. 2</u>	16. SOCIAL SECURITY NO. <u>u</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William S. Lewis</u> ADDRESS <u>Fulton Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		-INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture 4th &amp; 5th lumbar vertebrae</u> DUE TO (c) <u>and subluxation spine on sacrum;</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pressure necrosis &amp; ulceration skin of back</u>		E9103 11	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u> (Specify <u>how</u> ) <u>33</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hybrid Seed Co.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway 137 Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 20 1953 1P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Stack of seed corn bags fell on him.</u>

22. I hereby certify that I attended the deceased from Nov. 20, 1953, to Nov. 30, 1953, that I last saw the deceased alive on Nov. 30, 1953, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. Gish</u> (Degree or title) <u>(M.D.)</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>4 Dec 3</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gard.</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 5-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Farnell</u> ADDRESS <u>Fulton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 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.....  
Signature of Student Embalmer

Signed.....  
*Henry A. Newell*

Licensed Embalmer No. *3722*

P. O. Address *Fulton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.