

FILED DEC 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. **43756**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **5855** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Nodoway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodoway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0740	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Dewey	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) 12-1-1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 10-1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maitland - Mo -	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Lewis	13b. MOTHER'S MAIDEN NAME Mary Helen Hanks	14. NAME OF HUSBAND OR WIFE Clemma Lewis
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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) No -	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clemma Lewis - Ravenwood - Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		30 minutes
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)	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 **12-1-1953**, to **12-1-1953**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6p - m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William B. Kelley, M.D.	23b. ADDRESS Savannah, Mo	23c. DATE SIGNED 12-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-3-1953	24c. NAME OF CEMETERY OR CREMATORY Maitland Cemetery	24d. LOCATION (City, town, or county) (State) Maitland Mo -
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DATE REC'D BY LOCAL REG. 12-19-53	REGISTRAR'S SIGNATURE Bess Bolt 229	25. FUNERAL DIRECTOR'S SIGNATURE W. Matheison	ADDRESS Rayville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0740

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

G. M. Atchison

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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.