

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33**

BIRTH NO. _____		REG. DIST. NO. 2		PRIMARY REG. DIST. NO. 5019		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY ANDREW				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ANDREW			
b. CITY (If outside corporate limits, write RURAL and give town) RURAL SAVANNAH		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural		d. STREET ADDRESS (If rural, give location) 2000	
d. FULL NAME OF HOSPITAL OR INSTITUTION SHADY LAWN NURSING HOME							
3. NAME OF DECEASED (Type or Print) a. (First) JACOB		b. (Middle) ARCH		c. (Last) LEWIS		4. DATE OF DEATH (Month) (Day) (Year) 1-1-1954	
5. SEX ♂		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 4-11-1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box Shop		10b. KIND OF BUSINESS OR INDUSTRY SWIFT-Co.		11. BIRTHPLACE (City and State or Foreign Country) NORWAY Co. - MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GILBERT LEWIS		13b. MOTHER'S MAIDEN NAME SARAH JOSLIN		14. NAME OF HUSBAND OR WIFE			
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. 487-05-1442		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred Lewis, Whiteville, Mo			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease 20 yrs 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.				INTERVAL BETWEEN ONSET AND DEATH 1 Hr.	
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) 4200			
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 11-17-53 1953 , to 1-1-1954 , that I last saw the deceased alive on 1-1-1954 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Ann C. Baker M.D.				23b. ADDRESS Savannah, Mo		23c. DATE SIGNED 1-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-4-1954		24c. NAME OF CEMETERY OR CREMATORY SAVANNAH		24d. LOCATION (City, town, or county) (State) SAVANNAH MO	
DATE REC'D BY LOCAL REG. 1-4-54		REGISTRAR'S SIGNATURE William Sparks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah Mo			

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

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 E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.