No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5701

BIRTH NO. FILED MAR 12 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (In this place): 0810 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. James
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): HARRISON
c. (Last): LEWIS

4. DATE OF DEATH (Month) (Day) (Year): Feb 24 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 24-1893

9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (City and State or Foreign Country): Pulaski County Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Lorell Lewis

13b. MOTHER'S MAIDEN NAME: Narissus E. Sandifer

14. NAME OF HUSBAND OR WIFE: Eva Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World war I

16. SOCIAL SECURITY NO.: 499-05-0807

17. INFORMANT'S SIGNATURE OR NAME: Eva V. Lewis — ADDRESS: St James 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — 2½ days
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 ☐ NO ☐

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 24 1954 *to* Feb 24, 1954, *that I last saw the deceased alive on* Feb 24 54, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Myers DO

23b. ADDRESS: Vienna Mo.

23c. DATE SIGNED: Feb 26 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 27 1954

24c. NAME OF CEMETERY OR CREMATORY: Soldiers Home National

24d. LOCATION (City, town, or county) (State): St James Mo

DATE REC'D BY LOCAL REG.: Mar. 8, 1954

REGISTRAR'S SIGNATURE: Nadine L. Stoll — 384

25. FUNERAL DIRECTOR'S SIGNATURE: Lee Johnson — ADDRESS: Newburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number

Date Filed 3/11/52

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.