

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

**8235**

State File No. ....

**FILED MAR 22 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 22

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Gentry</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u> <span style="float: right;">0380</span>	
		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Ermina</u>	c. (Last) <u>Lewis</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 12, 1954</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 18, 1862</u>	<b>9. AGE</b> (In years last birthday) <u>91</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>22</u>	<b>IF UNDER 24 HRS.</b> Hours <u>1</u> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>(Unknown) Ohio /</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>Calvin Wood</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Celcie Bentley</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>William W.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Paul Clark</u>	<b>ADDRESS</b> <u>Albany, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>  <u>1 yr</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Hypertension</u>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from March 5, 1954, to March 12, 1954, that I last saw the deceased alive on March 12, 1954, and that death occurred at 9:50A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Charles N. Williamson 2nd</u>	<b>23b. ADDRESS</b> <u>Gentry, Mo</u>	<b>23c. DATE SIGNED</b> <u>3-17-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3/14/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ford City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ford City, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Mar 17-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maudie Williams</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clifford Brooks</u>	<b>ADDRESS</b> <u>Albany Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
380  
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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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.