

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED JUN 4 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 19

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|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> | | c. LENGTH OF STAY (In this place) <u>life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> <u>0640</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 South East Street</u> | | | d. STREET ADDRESS (If rural, give location) <u>209 South East Street</u> | | |

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|--|----------------------------|------------------------|--------------------|-----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Emma</u> | b. (Middle) <u>Wiseman</u> | c. (Last) <u>Lewis</u> | (Month) <u>May</u> | (Day) <u>18</u> | (Year) <u>1954</u> |

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|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>25 Dec. 1871</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------|

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|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Harry Carter</u> | 13b. MOTHER'S MAIDEN NAME <u>Betsy Carter</u> | 14. NAME OF HUSBAND OR WIFE <u>Sam Lewis</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Eston, Palmyra, Mo.</u> | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular disease - decompensated</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 May, 1954, to 17 May, 1954, that I last saw the deceased alive on 17 May, 1954, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

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|---|---------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Wyath Hamlin M.D.</u> | 23b. ADDRESS <u>Palmyra Mo.</u> | 23c. DATE SIGNED <u>17 May 1954</u> |
|---|---------------------------------|-------------------------------------|

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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>20 May 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra, Remetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Palmyra, Missouri</u> |
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|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>5/21/54</u> | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis Brothers</u> | ADDRESS <u>Palmyra, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 28 1954
MARION CO. HEALTH DEPT.
DATE FILED MAY 28 1954

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

George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.