No. 300
10-48

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19344

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2001 Registrar's No. 288

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 429 No. Wall 0495

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Niles
c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): 6-29-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 23, 1873
9. AGE (In years last birthday): 80 — 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): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engineering
11. BIRTHPLACE (City and State or Foreign Country): Macedonia Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Samuel F. Lewis
13b. MOTHER'S MAIDEN NAME: Katherine Roush
14. NAME OF HUSBAND OR WIFE: Amanda G.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-10-9391
17. INFORMANT'S SIGNATURE OR NAME: Amanda Lewis 429 N. Wall — ADDRESS: Joplin 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): Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosiss — 1-3-52
DUE TO (c): Uremic Poisoning — 6-23-54

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
442X
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* 1-3-52, 19__, *to* 6-29-54, 19__, *that I last saw the deceased alive on* 6/29/1954, *and that death occurred at* 2:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Dr. Mo. Braceland Conn
23b. ADDRESS: 321 Frisco Bldg., Joplin, Mo.
23c. DATE SIGNED: 6-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/29/54
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles, La
24d. LOCATION (City, town, or county) (State): Lake Charles, La

DATE REC'D BY LOCAL REG.: 6-29-54
REGISTRAR'S SIGNATURE: Ed S. James 138 by Delores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort — ADDRESS: Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1954

RECEIVED
Jasper County Health Office
County File Number 517
Date Filed JUL 6 1954

SEP 13 1960
DEC 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.