

No. 300
10-48

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19547

State File No. _____

Registrar's No. 40

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667

0570

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy, Missouri</u>		c. LENGTH OF STAY (In this place) <u>Self</u>	c. CITY OR TOWN <u>Winfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Memorial Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Rural Route #1</u> <u>0570</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CURTIS</u> b. (Middle) <u>LELAND</u> c. (Last) <u>LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16 1907</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stout Sign Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dysart, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Freeman Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Bradbrook</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Lewis, Winfield, Missouri.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Wide spread metastasis</u>			<u>5 mo</u>
		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 <u>9/16/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Metastasis</u>		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) <u>153 X</u>		
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 Oct, 1953, to June 14, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 2:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wain K Newberry M.D.</u>		23b. ADDRESS <u>Troy, Mo</u>		23c. DATE SIGNED <u>June 14, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 19-1954</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Stygar & Son</u>	ADDRESS <u>5541 Riverview</u>	
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(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1964

JUN 21 1964

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.....
Signature of Student Embalmer

Signed *John W. Rister*

Licensed Embalmer No. 3980

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.