

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29569

State File No. 45

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 45-15		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humphrey</u>		1050 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Camille Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>JOHN REYMER LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1954</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>8-29-1882</u>	9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Salt Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wm H Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Holy</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Holy Lewis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Lewis Humphrey Mo.</u> ADDRESS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Multiple Sclerosis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>1</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>345 X</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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1-1-</u> , 19 <u>54</u> , to <u>8-29-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-19-</u> , 19 <u>54</u> and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. C. Weston, M.D.</u>				23b. ADDRESS <u>Salt Mo</u>		23c. DATE SIGNED <u>8-31-54</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-31-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humphrey Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Humphrey Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-1-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Payne</u>		ADDRESS <u>Salt Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 PA Payne

Licensed Embalmer No. 3400

P. O. Address Galt

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.