

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 22 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saltpond</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>TEKAMAH</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles W. of Sweet Springs, Mo</u>		STREET ADDRESS (If rural, give location) <u>826 S</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Tuan</u> c. (Last) <u>Lewis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1954</u>
---	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>May 17, 1911</u>	9. AGE (In years last birthday) <u>43</u> 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) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Tekamah, Neb.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>
---	---	---	--

13a. FATHER'S NAME <u>Harvey Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Maudie Boling</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>307-01-8539</u>	17. INFORMANT'S SIGNATURE OR NAME _____ 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed body.</u>		<u>8:120</u>
ANTECEDENT CAUSES		DUE TO (b) <u>Trailer Collision</u>	<u>25</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Deceased had stopped on Hi-way 40 to repair the front end of his truck. Another trailer ran into the front end, and crushed the body of the coming trailer, tried to dodge a car.</u>	
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-way 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Pond Twp. Saline Co. Mo.</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) <u>11-16-1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of 2 trailers on Hi-way 40</u>
--	---	--

22. I hereby certify that I attended the deceased from _____ request - 10-16-1954, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P.L. Sanders M.D. Coroner Saline Co. Marshall Mo.</u>	(Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>11-16-54</u>
---	-------------------------	--------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) _____
---	-----------------	--	---

DATE REC'D BY LOCAL REG. <u>November 16, 1954</u>	REGISTRAR'S SIGNATURE <u>Mary Mashey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Mashey</u>	ADDRESS <u>Sweet Springs, Mo.</u>
---	--	--	-----------------------------------

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

0970

JAN 27 1964

AUG 29 1956

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 *Edgar L Mosely*.....

Licensed Embalmer No. *4711*.....

P. O. Address *Sweet Springs*.....

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.