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FILED JAN 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. 40082

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5092 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Butler</u>		c. CITY OR TOWN <u>Schell City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lome Oak Twp. Highway #52</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u>		b. (Middle) <u>Frances</u>	
		c. (Last) <u>Lewis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 23 1954</u>			
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 10, 1931</u>
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kindergarten</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Schell City Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Marion Matlock Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bell Stewart</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</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. _____	
		17. INFORMANT'S SIGNATURE OR NAME <u>John Lewis</u> ADDRESS <u>Metz, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture cervical spine</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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>4-10th and 12</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Butler</u> (COUNTY) <u>Bates</u> (STATE) <u>Mo</u>		21d. HOW DID INJURY OCCUR? <u>Automobile accident</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 23 1954 6P.</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Doyle J. Hutterling M.D.</u>		23b. ADDRESS <u>Butler Mo</u>	
23c. DATE SIGNED <u>24 Dec 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Schell City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 25 54</u>		REGISTRAR'S SIGNATURE <u>Rendell Kury 17-1</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>	

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

APR 6 1955

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 *L. Douglas Ferry*.....

Licensed Embalmer No...426

P. O. Address..... Nevada, M

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.