

FILED JAN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40083**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5092** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Rutler		c. CITY OR TOWN Schell City	
c. LENGTH OF STAY (in this place)		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 Lone Oak Twp; Hiway #52			
e. STREET ADDRESS (If rural, give location) 1080			

3. NAME OF DECEASED a. (First) Marion b. (Middle) Matlock c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) December 23, 1954		
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 23, 1899		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker		10b. KIND OF BUSINESS OR INDUSTRY Lewis & Son		11. BIRTHPLACE (City and State or Foreign Country) Schell City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Lucius Marion Lewis		13b. MOTHER'S MAIDEN NAME Maude Mae Matlock		14. NAME OF HUSBAND OR WIFE Anna Bell Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 487-38-9151		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Lewis Metz, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute brain injury		INTERVAL BETWEEN ONSET AND DEATH inst.	
ANTECEDENT CAUSES		DUE TO (b) fracture of cranium			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 52		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lone Oak Twp Bates Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23 1954 6P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident	

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 **6P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Doyle P. Hettler MD		23b. ADDRESS Butler Mo		23c. DATE SIGNED 24 Dec 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenland Cemetery		24d. LOCATION (City, town, or county) (State) Schell City Missouri	
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DATE REC'D BY LOCAL REG. Dec. 25-1954		REGISTRAR'S SIGNATURE Russell Perry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home, Nevada, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. Anglin Ferry*

Licensed Embalmer No. 796

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.