

369

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40565

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 3432 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanton R.R. no</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Sullivan</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Buren Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0360</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Grace</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Lewis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 7th 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Terry</u>	13b. MOTHER'S MAIDEN NAME <u>Emeline Passage</u>	14. NAME OF HUSBAND OR WIFE <u>Don't know</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Van Buren Nursing Home Stanton</u>	ADDRESS <u>Stanton</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		WHEN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u>		
DUE TO (c) <u>Generalized arteriosclerotic heart disease</u>		year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senility, Paranasal Sinusitis</u>		years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May, 1954, to Dec 6, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Meale H. Peterson, M.D.</u>	23b. ADDRESS <u>40 1/2 N. Clark St. Sullivan, Mo.</u>	23c. DATE SIGNED <u>12/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/6/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/13/54</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Osterman</u>	ADDRESS <u>Union 200</u>
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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 Not Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. F. Ottman.....

Licensed Embalmer No. 1686

P. O. Address Union

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.