No. 300
10.46

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

FILED DEC 27 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

41850

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4378 Registrar's No. 27

**1. PLACE OF DEATH**
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravenwood
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Ravenwood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): none

**3. NAME OF DECEASED** (Type or Print)
a. (First): HARRISON
b. (Middle): CLAY
c. (Last): LEWIS

**4. DATE OF DEATH** (Month): 12 (Day): 16 (Year): 54

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 11/25/89
**9. AGE** (In years last birthday): 65 — 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): Creamery employee
**10b. KIND OF BUSINESS OR INDUSTRY**: Ravenwood Co-op
**11. BIRTHPLACE** (City and State or Foreign Country): Nodaway Co., Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: James Lewis
**13b. MOTHER'S MAIDEN NAME**: Ella Blackwell
**14. NAME OF HUSBAND OR WIFE**: Velma Heflin Lewis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 549-14-1481
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Harry C. Lewis, Ravenwood, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — Interval between onset and death: 1 hr

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac sclerosis — 2
DUE TO (c) — 1

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**: 4201
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12/16, 19 54, *to* Dec. 16, 19 54, *that I last saw the deceased alive on* 12/16, 19 54 *and that death occurred at* 3:25 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: [signature] (Degree or title): M. D.
**23b. ADDRESS**: Maryville, Missouri
**23c. DATE SIGNED**: 12/17/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/18/54
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Lawn
**24d. LOCATION** (City, town, or county) (State): Ravenwood, Missouri

DATE REC'D BY LOCAL REG.: 12 29 54
REGISTRAR'S SIGNATURE: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1955

JAN 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Curtis C. Kinsley

Licensed Embalmer No. 493

P. O. Address Maryv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.