

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4401**

FILED MAR 9 1955

BIRTH NO. **7413-55** REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Malden		c. LENGTH OF STAY (In this place) 0350	c. CITY OR TOWN 0350
d. FULL NAME OF HOSPITAL OR INSTITUTION Edmonds-on-Croon Clinic		e. STREET ADDRESS (If rural, give location) 311 N. Clinton	
3. NAME OF DECEASED (Type or Print) a. (First) Debra	b. (Middle) Marie	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) March. 2. 1955
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH March. 2. 1955
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	11. BIRTHPLACE (City and State or Foreign Country) Malden, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Lewis	13b. MOTHER'S MAIDEN NAME Opal Smothers
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME OPAL LEWIS	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebra Ischemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prolapsed Cord during Labor DUE TO (c) Premature Rupture of Membranes 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH 7610	
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)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **R-R**, 1955, to **R-R**, 1955, that I last saw the deceased alive on **R-R**, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Schaeffer (Degree or title)	23b. ADDRESS Malden Missouri	23c. DATE SIGNED 3-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-3-1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park 87
24d. LOCATION (City, town, or county) (State) Malden Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home Malden Mo
DATE REC'D BY LOCAL REG. 3-5-55	REGISTRAR'S SIGNATURE J. J. Schaeffer	

RECEIVED DUNKLIN COUNTY
DEPARTMENT 3-7-55
COUNTY FILE NUMBER 3-5

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 *J. D. Schuman*
Licensed Embalmer No. 408
P. O. Address *Medden*

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.