

FILED MAR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. **5401**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY OR TOWN <u>HOLDEN</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) <u>46 mo</u>		e. STREET ADDRESS (If rural, give location) <u>HOLDEN, MO. 0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME 308 NO PINE ST.</u>			

3. NAME OF DECEASED (Type or Print) <u>MABEL</u>	a. (First) <u>LEWIS</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 17 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 16 1872</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>82 5 1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FREEMAN MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>JAMES JOHNSON</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>WM. T. LEWIS</u>
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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. <u>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MANTIE KELLOGG</u>	ADDRESS <u>HOLDEN, MO</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Chronic nephritis</u>		
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)	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 11, 1954, to Feb 17, 1955, that I last saw the deceased alive on Feb 17, 1955, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas Hahnberg D.O.</u> (Degree or title)	23b. ADDRESS <u>Holden, MO.</u>	23c. DATE SIGNED <u>2/20/55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>150 3-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HOLDEN, MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-22-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. D. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Rapp</u>	ADDRESS <u>Holden, Mo</u>
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RECEIVED
FEB 28 1955
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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 *M. R. Canaday*

Licensed Embalmer No. *34*

P. O. Address *Holden*

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.