

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9104

State File No. ....

FILED MAR 23 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5949 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Dillon Twp	c. LENGTH OF STAY (in this place) 4	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Claud	a. (First)	b. (Middle) D.	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) March 17 1955
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5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH April 10, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Hours 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State, or Foreign Country) Puxico, Missouri	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Able Lewis	13b. MOTHER'S MAIDEN NAME Edith A. Edington	14. NAME OF HUSBAND OR WIFE Unknown
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home, St. James MO.	ADDRESS
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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, asthenia, 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) Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis of right upper limb DUE TO (c) Hypertension about 3 years Myocardial degeneration 2 years		2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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) m.	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 2-17-1955, to 3-17-1955, that I last saw the deceased alive on 3-17-1955 and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. V. Hammett, M.D.	23b. ADDRESS St. James, Mo	23c. DATE SIGNED 3-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Bernice Cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Missouri
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DATE REC'D BY LOCAL REG. 3-18-1955	REGISTRAR'S SIGNATURE Ruth D. Powell 479	FUNERAL DIRECTOR'S SIGNATURE Jesse Lahr - St. James Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 3-22-55

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 *C. June Gahr*.....  
Licensed Embalmer No. 4486

P. O. Address St. James,

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.