

FILED JUL 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18015

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

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4112 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Dalton</u>)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Dalton</u>)	
c. LENGTH OF STAY (In this place) <u>All Her Life</u>		d. STREET ADDRESS (If rural, give location) <u>North part of Dalton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North part of Dalton</u>		d. STREET ADDRESS (If rural, give location) <u>North part of Dalton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>		b. (Middle) _____	
c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>24th</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 1st, 1868</u>
9. AGE (In years last birthday) <u>86</u>		IF OTHER: YEAR _____ MONTHS _____ DAYS _____ IF OTHER IN HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Dalton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tucker</u>	
14. NAME OF HUSBAND OR WIFE <u>Solomon Lewis</u>			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roberta Hughes</u>		ADDRESS <u>Dalton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypostatic pneumonia</u> <u>4 days</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Cardiac failure</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>7824</u>	
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"/>			
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 <u>Oct</u> , 19 <u>54</u> , to <u>June 24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 24</u> , 19 <u>55</u> , and that death occurred at <u>5:00 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter G. Patton D.O.</u>		23b. ADDRESS <u>Keytesville Mo</u>	
23c. DATE SIGNED <u>6-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 29th, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dalton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-29-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Brown</u> <u>56</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter G. Patton</u>		ADDRESS <u>Keytesville, Mo.</u>	

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

.....
~~Student Embalmer No.~~

Signed.....

H.A. Stewart

Licensed Embalmer No. *3046*

P. O. Address.....

744 Taylor St.

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 this body is not embalmed, fact should be so stated above.