

STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED JUL 11 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 50

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| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Township</u> | |
| c. LENGTH OF STAY (in this place) <u>64 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>5 miles south of Annapolis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles south of Annapolis</u> | | 5 miles south of Annapolis | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARY</u> | b. (Middle) <u>BELLE</u> | c. (Last) <u>LEWIS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1955</u> |
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| 5. SEX <u>fem</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept 17 1879</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Annapolis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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| 13a. FATHER'S NAME <u>James Addison Keathley</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Asbury</u> | 14. NAME OF HUSBAND OR WIFE <u>William Lewis</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Issom Lewis, Annapolis Mo.</u> | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain thrombosis</u> DUE TO (c) <u>High blood pressure</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis 490X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 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 June 19 55, to 6-29, 1955, that I last saw the deceased alive on 6-22, 1955, and that death occurred at 3:45A m., from the causes and on the date stated above.

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|---|---------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>L. E. Quincy M.D.</u> | 23b. ADDRESS <u>Redwood Ave</u> | 23c. DATE SIGNED <u>7-1-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>7-1-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Annapolis Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Annapolis Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-1-55</u> | REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> | ADDRESS <u>Ironton Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0471

24780

1912

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
Student Embalmer

Signed Russell White

Licensed Embalmer No. 3012

P. O. Address Orton, Ill.

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.