

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21351

State File No.

FILED JUL 26 1955

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton	c. LENGTH OF STAY (In this place) 1 Month	c. CITY OR TOWN McCredie	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 Callaway Co, Hospital		f. STREET ADDRESS (If rural, give location) R.F.D.# 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Katherine	b. (Middle) Louise	c. (Last) Lewis	(Month) July	(Day) 22	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 9 1862	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR 0 Months 13 Days	IF UNDER 24 HRS. 0 Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Stolle	13b. MOTHER'S MAIDEN NAME Caroline ?	14. NAME OF HUSBAND OR WIFE Wm. Thomas Lewis
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ed Lewis, McCredie, Mo	ADDRESS R.R.# 1
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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) Carcinoma Decompensation	DUE TO (b) Myocardial Degeneration		12 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Senility		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4222

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 1940, to 7-22, 1955, that I last saw the deceased alive on 7-21, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Brown, M.D.	23b. ADDRESS Fulton, Mo	23c. DATE SIGNED 7-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July, 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Richland Baptist Cem.	24d. LOCATION (City, town, or county) (State) 5 MI North Fulton Mo
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DATE REC'D BY LOCAL REG. July 22-1955	REGISTRAR'S SIGNATURE Martha Lawrence	FUNERAL DIRECTOR'S SIGNATURE Wallace General Home	ADDRESS Fulton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Denzil O. Browning*.....

Licensed Embalmer No. *2222*

P. O. Address *Faulkner*

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.