

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27061**

BIRTH NO. _____ REG. DIST. NO. **4348** PRIMARY REG. DIST. NO. **233** Registrar's No. **11**

07200

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Montgomery | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg | |
| c. LENGTH OF STAY (In this place) 1/2 hour | | d. STREET ADDRESS (If rural, give location) no street address | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Walls Clinic | | | |
| 3. NAME OF DECEASED a. (First) RONALD | | b. (Middle) EDWARD | |
| | | c. (Last) LEWIS | |
| 4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1955 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Jun. 11 1951 |
| 9. AGE (In years last birthday) 4 | | IF UNDER 1 YEAR Months 2 Days 13 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Audrain County, Mexico, Mo U.S.A. |
| 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME Olin Lewis | | 13b. MOTHER'S MAIDEN NAME Marian Gaddie | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Olin Lewis Martinsburg Mo</i> | | ADDRESS _____ | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation INTERVAL BETWEEN ONSET AND DEATH 20 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) poorly Weiner in teacher DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9210 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 18 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | |
| 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY Martinsburg Audrain (STATE) mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 24, 1955, 5:50 PM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> leaving Weiner | |
| 21f. HOW DID INJURY OCCUR? leaving Weiner | | | |
| 22. I hereby certify that I attended the deceased from Aug 24, 1955 , to Aug 24, 1955 , that I last saw the deceased alive on Aug 24, 1955 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Willis H. Walls D.O. | | 23b. ADDRESS Wellsville | |
| | | 23c. DATE SIGNED 8/31/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 8/26/55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery | | 24d. LOCATION (City, town, or county) (State) Wellsville, Missouri | |
| DATE REC'D BY LOCAL REG. 8-31-55 | | REGISTRAR'S SIGNATURE W.S. Romano Jr. | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE W.S. Romano Jr. ADDRESS _____ | |

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 A. B. Keller

Licensed Embalmer No. 4088

P. O. Address Hellville, N.Y.

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.