

STANDARD CERTIFICATE OF DEATH

State File No. 30325

FILED OCT 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 0819 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <i>Remick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Remick</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Steele</i>		c. CITY OR TOWN <i>Steele</i>	
c. LENGTH OF STAY (in this place) <i>4 yrs</i>		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 <i>Wagonwheel Camp</i>			
e. STREET ADDRESS (If rural, give location) <i>Route 3 01860</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Caroline</i>		b. (Middle) _____ c. (Last) <i>Lewis</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>9-25-55</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-11-1930</i>
9. AGE (In years last birthday) <i>25 0 14</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Work</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Marion Co. Ala</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Erwin Woodruff</i>		13b. MOTHER'S MAIDEN NAME <i>Geneva Kelly Roy Lewis</i>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Erwin Lewis Steele Mo</i>			
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) <i>D.O.A.</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Car accident</i> DUE TO (c) <i>Prob. Broken neck</i>  II. OTHER SIGNIFICANT CONDITIONS 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) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>near Steele Mo</i>	
21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <i>Steele Remick, MO</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 25 1955 A.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Car accident</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>D.O.A.</i> , 19____, and that death occurred at <i>D.A.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>James H. Turner M.D.</i>		23b. ADDRESS <i>Steele, MO</i>	
23c. DATE SIGNED <i>9/26/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24b. DATE <i>9-26-55</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Rural</i>		24d. LOCATION (City, town, or county) (State) <i>Hollyville Ala</i>	
DATE REC'D BY LOCAL REG. <i>10-9-55</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i> 247-0	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <i>German Funeral Home Steele, Mo</i>	

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

10-273-55

OCT 11 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARÜTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John H. Herman*

Licensed Embalmer No. *430*

P. O. Address *Hayti, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.