

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SAVANNAH</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>SAVANNAH</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>		e. STREET ADDRESS (If rural, give location) <b>502 South 6th St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>Loren</b> c. (Last) <b>Lewis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-7-1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-13-1888</b>	9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR Months <b>10</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Public Relations</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>RODAWAY CO MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Lewis</b>		13b. MOTHER'S MAIDEN NAME <b>MARY Denny</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Lewis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lula Lewis Savannah MO</b>		

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) <b>Arteriosclerotic Heart Disease</b> <b>Aortic Valvular Stenosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis General</b> DUE TO (c) <b>4211</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs 5 mo</b> <b>3 yrs 5 mo</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastric Telangiectase</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?		
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"/>				

22. I hereby certify that I attended the deceased from **5-28-53**, 19\_\_\_, to **10-7-55**, 19\_\_\_, that I last saw the deceased alive on **10-6-55**, 19\_\_\_, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.C. Senne MD</b>		(Degree or title)		23b. ADDRESS <b>2020 S Bldg St Joseph MO</b>	23c. DATE SIGNED <b>10-7-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-9-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SAVANNAH</b>	24d. LOCATION (City, town, or county) (State) <b>SAVANNAH MO</b>		

DATE REC'D BY LOCAL REG. <b>10-10-55</b>	REGISTRAR'S SIGNATURE <b>Kelley Spak</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home Savannah MO</b>	ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1956

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 *E. C. Breit*

Licensed Embalmer No. *265*

P. O. Address *Savannah*

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.