

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32664**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **4158** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Buffalo</b>	c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Buffalo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		f. STREET ADDRESS (If rural, give location) <b>0300</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugh</b> b. (Middle) <b>C.</b> c. (Last) <b>Lewey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-29-1955</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-12-1900</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe cobbler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>OPAL</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE-OR NAME <b>Mrs. H.C. Lewey</b>	ADDRESS <b>Buffalo, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Deкомпensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Focal Infections &amp; Alcoholism</b>		
	DUE TO (c) <b>Neglect of teeth &amp;c</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dementia</b>		<b>8-10 yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5323</b>	20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>
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 **Oct 25**, 1955, to **Oct 29**, 1955, that I last saw the deceased alive on **Oct 28**, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. Phemmer M.D.</b>	(Degree or title)	23b. ADDRESS <b>Buffalo Mo</b>	23c. DATE SIGNED <b>10-31-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-30-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdown Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buffalo Missouri</b>
DATE REC'D BY LOCAL REG. <b>11/5/55</b>	REGISTRAR'S SIGNATURE <b>Max Grace Peterson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. B. Jones</b>	ADDRESS <b>Buffalo, Mo.</b>

(Licensed Embalmers' Statement on Reverse Side)

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

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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 *Leonard B. Jones*.....

Licensed Embalmer No. *250*

P. O. Address *Buffalo*

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.