FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35723

State File No.

BIRTH NO. REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6208 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eunice, Mo.
c. LENGTH OF STAY (In this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eunice, Mo.
d. STREET ADDRESS (If rural, give location): 1090 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Van
c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): 9-20-55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3/15/1880
9. AGE (In years last birthday): 75 — If under 1 year: Months 6, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eunice Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Lewis
13b. MOTHER'S MAIDEN NAME: Elizabeth Garrison
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Grace Lewis
ADDRESS: R2 - Summersville, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tumor of prostate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1947, *to* Sept 20, 1955, *that I last saw the deceased alive on* Sept 19, 1955, *and that death occurred at* 4:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Laure Hamilton DO
23b. ADDRESS: Summersville
23c. DATE SIGNED: Sep 26

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-55
24c. NAME OF CEMETERY OR CREMATORY: Union Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Texas, Missouri

DATE REC'D BY LOCAL REG.: 10-17-55
REGISTRAR'S SIGNATURE: Myrtle Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Elliott Funeral Home
ADDRESS: Houston, Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE FLANNEL—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 .....
Student Embalmer

Signed Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.