

FILED NOV 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. **36481**BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **5431** Registrar's No. **543**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Prairie) c. LENGTH OF STAY (in this place) 87 yrs		c. CITY OR TOWN Lonedell 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 Yellow Dog Road		STREET ADDRESS (If rural, give location) Yellow Dog Road 03600	

3. NAME OF DECEASED (Type or Print) a. (First) Houston b. (Middle) Grant c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) 11-11-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 27, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Public Wks	11. BIRTHPLACE (City and State or Foreign Country) Lonedell, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel Lewis	13b. MOTHER'S MAIDEN NAME Matilda Scaggs	14. NAME OF HUSBAND OR WIFE Never Married
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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. None	17. INFORMANT'S SIGNATURE OR NAME Sherman Lewis ADDRESS St. Clair, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead, lived alone		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Found dead, lived alone DUE TO (c) Coronary Thrombosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lonedell Franklin Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 13, 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Found dead, lived alone
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2. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gerald R. Belmont Coroner	23b. ADDRESS Gerald, Missouri	23c. DATE SIGNED Nov. 13, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	24d. LOCATION (City, town, or county) (State) Lonedell, Mo.
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DATE REC'D BY LOCAL REG. 11-14-55	REGISTRAR'S SIGNATURE Floyd Williams	25. FUNERAL DIRECTOR'S SIGNATURE Casey Lenoir ADDRESS St. Clair, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1925

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: J. M. Lewis.....

Licensed Embalmer No.

P. O. Address St. Clair.....

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