

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14416**

FILED APR 26 1956

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 156

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

|                                     |                           |             |                        |  |
|-------------------------------------|---------------------------|-------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>WILLIAM</b> | b. (Middle) | c. (Last) <b>LEWIS</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 10, 1956</b> |
|-------------------------------------|---------------------------|-------------|------------------------|--|

|                    |                               |   |                                       |   |  |                             |
|--------------------|-------------------------------|---|---------------------------------------|---|--|-----------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>April-13-1881</b> | 9. AGE (To years last birthday) <b>74</b> | IF UNDER 1 YEAR At birth Days <b>11 27</b> | IF UNDER 12 HRS. Hours Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|--|-----------------------------|

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|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Miner</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lead</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Mine LaMotte, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>John Lewis</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Miller</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Parks Lewis</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-03-8961</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Ivan Lewis Elvins, Mo.</b> |
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| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull Fracture and Multiple Lacerations</b> |  |                                  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |   | DUE TO (b) <b>Coroner Jury Verdict - Mrs. Mary Helene m. William Lewis came to his death as the result of a hatchet used by his wife Mrs. Mary Lewis with which she hacked his forehead and skull with blows that crashed through the skull into the brain</b> |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   | DUE TO (c) <b>982x</b>   |                                  |
| 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) <b>Homicide</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b> | 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE)<br><b>Esther St. Francois Mo.</b> |
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|---|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>April 10, 1956 m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>injured from injury inflicted with hatchet</b> |
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22. 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.

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|---|---|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Bert Miller</b><br>Coroner | 23b. ADDRESS<br><b>Farmington, Missouri</b> | 23c. DATE SIGNED<br><b>4/18/56</b> |
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|  |                                 |   |  |
|--|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>April-17-56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Christian Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Fredericktown, Mo.</b> |
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| DATE REC'D BY LOCAL REG.<br><b>4-18-56</b> | REGISTRAR'S SIGNATURE<br><b>Esther Rudloff</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Murphy Sparks Flat River, Mo.</b> |
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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 *Murphy Sparks*.....  
Licensed Embalmer No. *1234*

P. O. Address *St. Louis*.....

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