

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15443**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **4003** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY Adair 0010		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give town or township) Gibbs 4	c. LENGTH OF STAY (in this place) 4 yrs	c. CITY OR TOWN Kirksville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home		STREET ADDRESS (If rural, give location) 709 E. Jefferson St.,	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle)	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 18, 1858	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Dauphin County, Mo. O	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Shott	13b. MOTHER'S MAIDEN NAME Jane Eliza Swigert	14. NAME OF HUSBAND OR WIFE Charles L. Lewis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Marion Motter, Kirksville, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) medullary failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Peripheral Circulatory Collapse 5 min		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic heart disease 5 years		
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE	
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis, gnl. 20 years			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 3, 1953**, to **May 25, 1956**, that I last saw the deceased alive on **May 25, 1956**, and that death occurred at **7:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Ruffe D.O. 2	(Degree or title)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 6/2/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/56	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Kirksville, Mo
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DATE REC'D BY LOCAL REG. 6-3-56	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul Wiley	ADDRESS Kirksville, Mo.
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WRITE PLAINLY—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.....
Signature of Student Embalmer

Signed *Herbert E. Hay*

Licensed Embalmer No. *489*
P. O. Address *Richwood*

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