

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19899**

FILED JUN 26 1956

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 25

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY CHARITON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON | |
| b. CITY OR TOWN BRUNSWICK | c. LENGTH OF STAY (in this place) 20 YRS | c. CITY OR TOWN BRUNSWICK | 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 HOME | | e. STREET ADDRESS (If rural, give location) 0210 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) BENJAMIN | b. (Middle) FRANKLIN | c. (Last) LEWIS | 4. DATE OF DEATH (Month) (Day) (Year) 6 14 1956 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCT. 15TH 1889 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | IF UNDER 15 MIN. Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR | 10b. KIND OF BUSINESS OR INDUSTRY CONCRETE WORK | 11. BIRTHPLACE (City and State or Foreign Country) CHILlicothe MO | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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| 13a. FATHER'S NAME Wm. Lewis | 13b. MOTHER'S MAIDEN NAME MARY F. PARSONS | 14. NAME OF HUSBAND OR WIFE MARIE LEWIS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. 496-03-8027 | 17. INFORMANT'S SIGNATURE OR NAME MRS. MARIE LEWIS | ADDRESS BRUNSWICK 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, ashenia, 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) Carcinoma Colon | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Surgery Sept 29-55 Calostomy DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Calostomy Sept 29-1955 | 20. AUTOPSY? 153X 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) m. | 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 June 11, 1956, to June 14, 1956, that I last saw the deceased alive on June 14, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE J. L. Fisher (Degree or title) DO | 23b. ADDRESS Branswick, Mo | 23c. DATE SIGNED June 16, 56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) NO BURIAL | 24b. DATE 6-17-1956 | 24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE | 24d. LOCATION (City, town, or county) (State) BRUNSWICK MO |
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| DATE REC'D BY LOCAL REG June 23-56 | REGISTRAR'S SIGNATURE Mildred Boone | 25. FUNERAL DIRECTOR'S SIGNATURE L. W. Macisil ADDRESS Branswick MO |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

60

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 *L. M. Keisler*

Licensed Embalmer No. *823*

P. O. Address *Brunswick*

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.