

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20058

STATE FILE NUMBER

FILED JUN 28 1956

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KENNETT</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KENNETT</u> <u>035<sup>th</sup></u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give name of HOSPITAL OR INSTITUTION) <u>DUNKLIN MEMORIAL 3 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>403 KING</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIE</u> Middle <u>LEE</u> Last <u>LEWIS</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>11</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 12, 1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and state or country) <u>RIDGLEY, TENN</u>	
13. FATHER'S NAME <u>SILAS R. LEWIS</u>			14. MOTHER'S MAIDEN NAME <u>BETTY MILLER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES MEXICAN UPRIISING</u>		16. SOCIAL SECURITY NO. <u>497-05-0742</u>		17. INFORMANT <u>MRS. MABLE L. PHILLIPS</u> Address <u>KENNETT, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a) _____ DUE TO (b) _____ DUE TO (c) _____		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>331X</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>6-7-56</u>		
20e. CITY, TOWN, OR LOCATION <u>June 11, 1956</u>			20f. COUNTY <u>Kennett, Mo.</u>		
20g. STATE <u>Mo.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <u>1 P.M.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Quinton Tarver, M.D.</u> (Degree or title)			22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>6-14-56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE 13, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>	23d. LOCATION (City, town, or county) (State) <u>KENNETT, Mo.</u>
24. FUNERAL DIRECTOR <u>BALDWIN FUNERAL SERVICE INC.</u> ADDRESS <u>KENNETT, MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-20-1956</u>	26. REGISTRAR'S SIGNATURE <u>Carl H. Hubbard</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registrar cannot certify to cause of death unless it is a disease in Part I. Must be causally related.

RECEIVED DUNKLIN COUNTY H  
DEPARTMENT 6-26-  
COUNTY FILE NUMBER 652

DEPT 37 NIII

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyman R. Cummings*.....

Licensed Embalmer No. 49

P. O. Address *Farmington*

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.