

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24434

State File No.

FILED JUL 31 1956

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Princeton-Rural</u>		c. CITY OR TOWN <u>Princeton-Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		STREET ADDRESS (If rural, give location) <u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION " " " "			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle)	c. (Last) <u>Lewis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 14 - 56</u>
-------------------------------------	-------------------------	-------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 27 - 1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer-Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>U. Grant Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Brogan</u>	14. NAME OF HUSBAND OR WIFE <u>Olive Mable Lewis</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>494-40-9929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Olin Lewis-St. Charles-Mo.</u>	ADDRESS
---	--	---	---------

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 <u>2 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Liver</u> DUE TO (c) <u>Primary Carcinoma of Prostate</u> <u>Known</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 5-16, 1956, to 7-13, 1956 that I last saw the deceased alive on 7-14, 1956, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willard Albright, M.D.</u> (Degree or title)	23b. ADDRESS <u>Princetonville Mo.</u>	23c. DATE SIGNED <u>7-17-56</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayne</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton-Rural--Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-29-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	EMERALD DIRECTOR'S SIGNATURE BY ADDRESS <u>[Signature]</u>
---	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

393

1930

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 *James L. Greenlee*

Licensed Embalmer No. *396*
P. O. Address *Linnville*

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.