

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26482**

FILED SEP 10 1956

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (in this place) 4 wks	c. CITY OR TOWN St. Clair
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) K c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1956	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 28, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Catawissa, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Mosley	13b. MOTHER'S MAIDEN NAME Sarah Farney	14. NAME OF HUSBAND OR WIFE Jerome Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clifton Lewis ADDRESS St. Clair, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEFT VENTRICULAR FAILURE		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	ANTECEDENT CAUSES DUE TO (b) CHR PASSIVE CONGESTION		1 yr
	DUE TO (c) ARTERIO SCLEROSIS		??
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 FRACTURED RIBS			4 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500 F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE	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)	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 **1953** to **9-4**, 19**56**, that I last saw the deceased alive on **9-4**, 19**56**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John J. Veal, M.D. (Degree or title)	23b. ADDRESS St. Clair, Mo.	23c. DATE SIGNED 9-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
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DATE REC'D BY LOCAL REG. 9/7/56	REGISTRAR'S SIGNATURE R. S. Sidman & R. S. Sidman	25. FUNERAL DIRECTOR'S SIGNATURE Rosemary Ferrel ADDRESS St. Clair, Mo.
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(Licensed Embalmer's Statement or Reverse Side)

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

99-

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 R. M. Levot
Licensed Embalmer No. 3601

P. O. Address St. Clair,

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.