

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27849**

FILED AUG 29 1956

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 59	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY De Witt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (in this place) 14 mo.		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Soldiers Home				e. STREET ADDRESS (If rural, give location) Rural Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ORAN		c. (Last) LEWIS		4. DATE OF DEATH (Month) (Day) (Year) Aug 23 1956	
5. SEX Male		6. COLOR (OR RACE) White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec 30, 1891	
9. AGE (In years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Steelville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John W. Lewis		13b. MOTHER'S MAIDEN NAME Margaret Swyers		14. NAME OF HUSBAND OR WIFE Olive Lewis (Decd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 511-34-4119		17. INFORMANT'S SIGNATURE OR NAME Madge Norris		ADDRESS Rte 3, Salem, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 8-22-56	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 April 2, 1956 to Aug 23, 1956 , that I last saw the deceased alive on Aug 23, 1956 , and that death occurred at 4 P.M. from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Reed B. Powell		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 8-25-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Aug 27 1956		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Max L. Wapfel	
DATE REC'D BY LOCAL REG. 8-25-56		REGISTRAR'S SIGNATURE Reed B. Powell		ADDRESS Salem, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Max L. Wapfel	

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

RECEIVED

Phelps County Health Officer,

County File Number 511

Date Filed AUG 28 1956

AUG 29 1956

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 me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orville E. Liebknecht

Licensed Embalmer No. 354

P. O. Address 279 James

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.