

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30054**

FILED SEP 24 1956

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 414
1. PLACE OF DEATH a. COUNTY CAPE COUNTY,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY STODDARD.		
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 7 Mos.		c. CITY OR TOWN PAINTON, MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC 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) MARVIN		a. (First)	b. (Middle)	c. (Last) LEWIS
4. DATE OF DEATH (Month) (Day) (Year) 9-2-56		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-16-1903
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		11. BIRTHPLACE (City and State or Foreign Country) HENNING'S, TENN.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY FARMING.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GIM LEWIS.		13b. MOTHER'S MAIDEN NAME LIZIE POWELL		14. NAME OF HUSBAND OR WIFE MRS ALPHA 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. 498-340067		17. INFORMANT'S SIGNATURE OR NAME Mrs Alpha Lewis, Painton, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure (Heart Block) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Septal Thrombosis with Myocardial Infarction DUE TO (c) Arteriosclerosis		
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) 4201
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?
22. I hereby certify that I attended the deceased from Sept 2, 1956 to Sept 2, 1956 that I last saw the deceased alive on Sept 2, 1956 , and that death occurred at 1:10 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE N. Newell		23b. ADDRESS P.O. 285 Spanish Cze Girardeau, Mo.		23c. DATE SIGNED Sept 5, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-56		24c. NAME OF CEMETERY OR CREMATORY PRESENT GROVE CEMETERY, BELL CITY, MO.
24d. LOCATION (City, town, or county) (State) BELL CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE C. C. Summers, Coy Shethy Bell City, Mo.		
DATE REC'D BY LOCAL REG. 9-17-56		REGISTRAR'S SIGNATURE C. C. Summers		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Raymond L. Duff*

Licensed Embalmer No...479

P. O. Address *Bernie,*

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.