

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31251

State File No.

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4269 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Corder</u>	c. LENGTH OF STAY (in this place) <u>31 yrs.</u>	c. CITY OR TOWN <u>Corder</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>LEWIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>10</u> <u>56</u>
5. SEX <input type="checkbox"/> male <input checked="" type="checkbox"/> female	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>II-6-1871</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u> IF UNDER 24 HRS. Hours Min.
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>Farming</u>	11. BIRTHPLACE. (City and State or Foreign Country) <u>Corder, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Benjamin M. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Cathrae Lewis Cor</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leroy Lewis Alma, Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition & Debilitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiogenic carcinoma</u> DUE TO (c) _____		<u>unknown</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	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) m.	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 July 7, 1956, to Sept. 10 1956, that I last saw the deceased alive on Sept. 10, 1956, and that death occurred at 2:18a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin Wilson, D.O.</u>	23b. ADDRESS <u>1815 Main, Higginsville, Mo.</u>	23c. DATE SIGNED <u>9/11/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>
24d. LOCATION (City, town, or county) (State) <u>Corder, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Sept 12-1956</u>	REGISTRAR'S SIGNATURE <u>Clinton H. Lamborn</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forrest L. Hooper Higginsville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

255-1

1540

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 *Forest R. Hoefler*.....

Licensed Embalmer No. *41801*

P. O. Address *Higginsville*

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.