

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

118731

FILED APR 1 - 1957

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 45

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbons Hosp				Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) 635 Rich	
3. NAME OF DECEASED (Type or print) First Charles Middle Wesley Last Lewis				4. DATE OF DEATH March 24, 1957			
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 8, 1886	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Month 6 Day 16		IF UNDER 24 HRS. Hours Min. 		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
100. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and state or country) 3 miles east of Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John K. Lewis				14. MOTHER'S MAIDEN NAME Martha Peterson			
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. 492-14-4756		17. INFORMANT Address Mrs. Charles Lewis, Slater, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pneumonia - Lobar - right DUE TO (c) Chronic Myocarditis with decompensation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 8 days 6 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Nov. 1955 , to March 24, 1957 and last saw her alive on March 23, 1957 Death occurred at 9:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. A. McBurney, M.D. (Degree or title)				22b. ADDRESS Slater, Missouri		22c. DATE SIGNED 3/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/28/57	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens		23d. LOCATION (City, town, or county) Marshall, Mo.		(State)
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 3-25-57		26. REGISTRAR'S SIGNATURE Cecil J. Read		

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 *Walter J. Haines*
Licensed Embalmer No. *45*

P. O. Address *States*

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.