

FILED APR 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14291

STATE FILE NUMBER

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 89

Health,
& Welfare
Public
ServiceS. 300
7. 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Securing the medical certification in the same manner required by the coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u> <u>0883</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1014 West End Place</u> Length of stay in lb <u>8 months</u>		d. STREET ADDRESS <u>1014 West End Place</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Franklin</u> Last <u>Lewis</u>			4. DATE OF DEATH Month <u>April</u> Day <u>11</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 22, 1903</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	11. BIRTHPLACE (City and state or country) <u>Randolph County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13. FATHER'S NAME <u>George Lewis</u>	
14. MOTHER'S MAIDEN NAME <u>Carolina Wilson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>William Lewis: 722 S. Moulton: Moberly, Mo.</u> Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of R. Lung.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchogenic CA - (Biopsy)</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>162X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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 <u>10/3/56</u> to <u>4/9/57</u> and last saw <u>him</u> alive on <u>4/9/57</u> . Death occurred at <u>5:30 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. V. Dreyer M.D.</u> (Degree or title)		22b. ADDRESS <u>Huntsville, Mo.</u>	
22c. DATE SIGNED <u>4/12/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>April 15, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Moberly, Missouri</u>		(State) _____	
24. FUNERAL DIRECTOR <u>Tom B. Patton</u> ADDRESS <u>Huntsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-15-57</u>	
26. REGISTRAR'S SIGNATURE <u>Paul W. Bower</u>			

(Licensed Embalmer's Statement on Reverse Side)

269

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 *Tom B. Patton*.....

Licensed Embalmer No. *391*

P. O. Address *Heater*

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.