

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16388

State File No. ....

BIRTH NO. FILED MAY 27 1957 REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 12

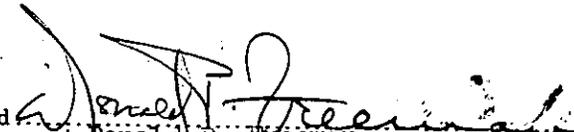
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Summit		c. LENGTH OF STAY (in this place) unknown	c. CITY OR TOWN Cedar City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION One Mile East Cedar City, Mo		e. STREET ADDRESS (If rural, give location) General Delivery 0140	
3. NAME OF DECEASED (Type or Print) a. (First) MANUEL	b. (Middle) TAYLOR	c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) May 15th 1957
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan 10th 1944
9. AGE (In years last birthday) 13	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Manuel Lewis	13b. MOTHER'S MAIDEN NAME Bernice Nevins	14. NAME OF HUSBAND OR WIFE Unmarried	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Manuel T. Lewis Cedar City, Missouri	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drown while swimming accident  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 9298
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 01442
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rough	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hwy 54 at Mo River Callaway Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 15 1957	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drown while swimming	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Nancy A. Stewart (Degree or title) Coroner		23b. ADDRESS Fulton Mo	23c. DATE SIGNED 7/16/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 17th 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Guthrie, Missouri
DATE REC'D BY LOCAL REG. May 23-57	REGISTRAR'S SIGNATURE Selby Clapp	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tabernacle Serv. Jefferson City, Mo.	

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   
Donald P. Freeman

Licensed Embalmer No....4623

P. O. Address Jefferson City  
Missouri

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.