

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 12 1957

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>171</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>40yrs</u>		c. CITY OR TOWN <u>Kennett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Route 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>			b. (Middle) _____		c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1957</u>
5. SEX <u>male</u>	6. COLOR (OR RACE) <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 9, 1890</u>		9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Day <u>6</u> Hour <u>24</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agi.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Johnnie Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Sally McTough</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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. <u>499-12-0820</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Broadrick Kennett, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial insufficiency</u>					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Hypertensive cardio-vascular disease.</u>					
		DUE TO (c) _____					
		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>443X</u>			
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 <u>7-20-</u> , <u>57</u> , to <u>7-24-</u> , <u>1957</u> , that I last saw the deceased alive on <u>7-24-</u> , <u>1957</u> and that death occurred at <u>11 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George J. Humes, M.D.</u>				23b. ADDRESS <u>Kennett, Missouri</u>		23c. DATE SIGNED <u>11-20-57</u>	
24a. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>		24b. DATE <u>7-26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-7-57</u>		REGISTRAR'S SIGNATURE <u>Carl Hushard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McDaniel Kennett, Missouri</u>			

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

RECEIVED DUNKLIN COUNTY HE.

DEPARTMENT 12-9-57

COUNTY FILE NUMBER 1252

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 *Robert B. Baird*.....

Licensed Embalmer No. 4988

P. O. Address *Fennett, Mo*

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.