

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45344

STATE FILE NUMBER 138

FILED DEC 24 1957

Registration District No. 278 Primary Registration District No. 5957 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EOLIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EOLIA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b WIFE	d. STREET ADDRESS (If outside, give location) 882°
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY LEWIS			4. DATE OF DEATH Month Day Year DEC 11 1957		
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 18, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) PIKE CO, MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES D. LEWIS	13b. MOTHER'S MAIDEN NAME MARY ANN SCOTT	14. NAME OF HUSBAND OR WIFE IRENE S. LEWIS (DECEASED)
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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. UNKNOWN	17. INFORMANT Address MRS HARRY SIMONS, EOLIA, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation from smothered fire		INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b)	9160 16
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) clothes caught on fire from smoking, causing 3rd degree burns on torso of body
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20c. TIME OF INJURY Hour Month, Day, Year 11 p.m. 11-30-57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Eolia COUNTY PIKE STATE MO
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21. I attended the deceased from Death occurred at 11 P on the date stated above; and to the best of my knowledge, from the causes stated.	and last saw him Dec 1-57
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22a. SIGNATURE (Degree or title) J. O. Mudd Conover	22b. ADDRESS Beverly Green Mo.	22c. DATE SIGNED Dec 3-57
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE DEC 4, 1957	23c. NAME OF CEMETERY OR CREMATORY EOLIA CEMETERY	23d. LOCATION (City, town, or county) (State) EOLIA, MO.
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24. FUNERAL DIRECTOR ADDRESS GEO. M. COLLIER, LOUISIANA, MO.	25. DATE RECD. BY LOCAL REG. DEC. 10, 1957	26. REGISTRAR'S SIGNATURE Bernese Collier
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.