

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1749

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ROCK TOWNSHIP Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN NEAR MAXVILLE MO 6500 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION NEAR MAXVILLE MO 10 YRS		d. STREET (If outside, give location) Reside on Farm ADDRESS NEAR MAXVILLE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EMMETT M. LEWIS			4. DATE OF DEATH JAN 5, 1958		
5. SEX MALE	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 FEB. 9 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY ATTORNEY	11. BIRTHPLACE (City and state or country) FULTON MO	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME WARNER E. LEWIS			14. MOTHER'S MAIDEN NAME MARHTA VOGT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 493 12 1318A	17. INFORMANT MRS JAMES BOYD ARNOLD MO		

18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myesenteric Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized Arterial Sclerosis</i>	<i>1 yr.</i>
	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 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 <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>Jan 5, 1958</i> to <i>Jan 5, 1958</i> and last saw <i>him</i> alive on <i>Jan 5, 1958</i> Death occurred at <i>4:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Charles R. Burnside M.D.</i>	22b. ADDRESS <i>R-R-T. Arnold MO</i>	22c. DATE SIGNED <i>1/6/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	JAN. 8 1958	RICHARDSON CEMETERY	BECK MO
24. FUNERAL DIRECTOR ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO		25. DATE RECD. BY LOCAL REG. 1-8-58	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without 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

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MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.,
HILLSBORO, MISSOURI

DATE RECEIVED
1-14-58

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 *Elmer Heligtag*.....

Licensed Embalmer No. *35*.....

P. O. Address *Imperial*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.