

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006263  
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 40

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lebanon</i>		c. CITY OR TOWN <i>Oakland Rural</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wallace Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>Star Route</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Andrew Jackson Lewis</i>		4. DATE OF DEATH Month Day Year <i>Mar. 4, 1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 9, 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Tenn.</i>
13a. FATHER'S NAME <i>Thomas L. Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Snow</i>	14. NAME OF HUSBAND OR WIFE <i>Laura</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Lynos Lewis Lebanon Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cerebro Vascular acc. dent</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 DYS.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral arterio sclerosis</i>			
DUE TO (c) <i>Senility</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>331x</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <i>None</i> <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 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>3/2/58</i> to <i>3/4/58</i> and last saw her alive on <i>3/4/58</i> Death occurred at <i>11:40 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George Z. Fisher M.D.</i>		22b. ADDRESS <i>Lebanon, Mo</i>	
22c. DATE SIGNED <i>3/4/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3/8/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hough Chapel Cemetery Laclede Co. Mo.</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Holman Lebanon, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-4-1958</i>	26. REGISTRAR'S SIGNATURE <i>Hella L. Hay</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Dorsey M. Howe* .....

Licensed Embalmer No. *4222* .....

P. O. Address *Lebanon,* .....

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.