

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035354
STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY ATCHISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FAIRFAX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mound City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp.		Length of stay in 1b 6 DAYS	STREET ADDRESS (If outside, give location) 04445
3. NAME OF DECEASED (Type or print) First Middle Last ERNEST JEFFERSON LEWIS			4. DATE OF DEATH Month Day Year OCT. 13, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 26, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and state or country) MAITLAND, Mo. 0
13a. FATHER'S NAME MATTHEW M. LEWIS		13b. MOTHER'S MAIDEN NAME LAURA V. ROSS	14. NAME OF HUSBAND OR WIFE NONE
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. 487-03-9599	17. INFORMANT Address MRS. GLADYS SMITH - MOUND CITY, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis DUE TO (b) Coronary Thrombosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 10 min 10 min
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 WORK <input type="checkbox"/> NOT WHILE 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 July 1, 1956 to Oct 13, 1958 and last saw ^{her} _{him} alive on Oct 13, 1958 Death occurred at MO 50 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. J. Sweeney M.D.		22b. ADDRESS Alton Mo	22c. DATE SIGNED 10/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY MAITLAND, MO. CEM.
23d. LOCATION (City, town, or county) (State) MAITLAND, MISSOURI		23e. DATE RECD. BY LOCAL REG. Oct 16, 1958	
23f. FUNERAL DIRECTOR ADDRESS James H. Crawford Mound City, Mo.		23g. REGISTRAR'S SIGNATURE Thorwin H. Schaefer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, colorer, 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 *James H. Crawford*
Licensed Embalmer No. *4796*
P. O. Address *Mound City,*

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.