

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13 59-014463
STATE FILE NUMBER

FILED MAY 14 1959 Registration District No. 292 Primary Registration District No. Registrar's No. 13

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

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| 3. NAME OF DECEASED (Type or print) First ROBERT Middle LEWIS Last LEWIS | | | 4. DATE OF DEATH Month MAY Day 4 Year 1959 | | |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH -- 1869 | 9. AGE (In years last birthday) 89 | FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK MASON (RETIRED) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) EOLIA MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME DAVID LEWIS | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE MATILDA POWELL LEWIS | |

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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. ✓ | 17. INFORMANT DAVE LEWIS | Address NEW LONDON 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) Uremia DUE TO (b) Prostatitis DUE TO (c) _____ 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 |
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| 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. | | | |

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|---|--|------------------------------|--------|-------|
| 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 **1946** to **May 1 1959** and last saw her alive on **May 1 - 1959**
Death occurred at **6 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE E. P. Hansen | (Degree or title) 2 | 22b. ADDRESS Frankford Mo. | 22c. DATE SIGNED 5/5/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE MAY 8-1959 | 23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY | 23d. LOCATION (City, town, or county) (State) NEW LONDON Mo. |
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| 24. FUNERAL DIRECTOR MELDON FUNERAL HOME | ADDRESS FRANKFORD | 25. DATE RECD. BY LOCAL REG. 5/11/1959 | 26. REGISTRAR'S SIGNATURE Clyde C. Wilkey |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Occasion, coroner, etc.: make sure only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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1-57

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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 *Jane Fields Megawon*

Licensed Embalmer No. *4093*

P. O. Address *Frankford*

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.