

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25999

BIRTH NO. _____		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 4538		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) Piedmont		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Piedmont		111A	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Walter		b. (Middle) Lee		c. (Last) Lewis	
4. DATE OF DEATH		(Month) June		(Day) 18		(Year) 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 8, 1876	
9. AGE (in years last birthday) 74		10. MONTHS 7		11. DAYS 10		12. HOURS 10	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) D.K.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Lewis		13b. MOTHER'S MAIDEN NAME Lucinda Kyles		14. NAME OF HUSBAND OR WIFE Minnie Ethel Lewis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Davis Piedmont			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 22 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 5-1-1957, to 6-28-1951, that I last saw the deceased alive on 6-28-1957, and that death occurred at 6:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Jones, M.D.		23b. ADDRESS Piedmont, Mo.		23c. DATE SIGNED 6-22-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 51		24c. NAME OF CEMETERY OR CREMATORY Bowles Cemetery		24d. LOCATION (City, town, or county) (State) SAbula, Missouri	
DATE REC'D BY LOCAL REG. July 5, 51		REGISTRAR'S SIGNATURE Hazel Ward 460		FUNERAL DIRECTOR'S SIGNATURE William Coder		ADDRESS Piedmont	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 16 1951

WAYNE CO. HEALTH CENTER

FILE No. 751-35

9237 6 2 9007

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.....

Coder Funeral Home

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

William Coder

Licensed Embalmer No. 3723

Piedmont, Missouri

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.