

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7975**
Registrar's No. **24**

FILED MAR 23 1954

REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5782**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission)	
a. COUNTY Cape Girardeau	a. STATE Missouri	b. COUNTY Cape Girardeau	
b. CITY OR TOWN Fruitland	c. CITY OR TOWN Fruitland	d. STREET ADDRESS Highway 61	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61		e. LENGTH OF STAY (in this place) 10 yrs	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) THOMAS	b. (Middle) HOUSTON	c. (Last) LEWIS	March 16, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 24, 1867		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) near Cape Girardeau		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas Henry Lewis	13b. MOTHER'S MAIDEN NAME Elizabeth Horwell	14. NAME OF HUSBAND OR WIFE Della Tant Lewis
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. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Edgar Book
		ADDRESS Cape Girardeau Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia		DUE TO (b) —		5 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) —		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2900				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Mar, 1954, that I last saw the deceased alive on Mar 15, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. F. McDonald, M.D.	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED 3-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	25. FUNERAL DIRECTOR'S SIGNATURE S. Lehmann	
DATE REC'D BY LOCAL REG. 3-20-54	REGISTRAR'S SIGNATURE D. E. Baker	ADDRESS Jackson Mo

APR 26 1954

JUL 8 1954

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
Student Embalmer

Signed Gene C. Crawford

Licensed Embalmer No. 24327

P. O. Address Bedford, Mo.

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.