

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17437**

FILED JUN 6 1953

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **4136** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg 0250	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 701 Locust		d. STREET ADDRESS (If rural, give location) 701 Locust	

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) ELMER c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) MAY 29 1953
--	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 12 1895	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 57 5 17
--------------------	-------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Auto Supplies	11. BIRTHPLACE (City and State or Foreign Country) Clinton County Missouri U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME John M. Lewis	13b. MOTHER'S MAIDEN NAME MARY E. Swape	14. NAME OF HUSBAND OR WIFE Louis 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. 500-36-1875	17. INFORMANT'S SIGNATURE OR NAME Louis Lewis	ADDRESS Plattsburg, MO.
---	---	---	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hanging by self		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Suicide) DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		CORONER E974X	

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) Hanging	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Plattsburg Clinton Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. F. Kerison D.O. 3 Coroner	23b. ADDRESS Lothrop Mo	23c. DATE SIGNED May 31-53
--	-----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 31 1953	24c. NAME OF CEMETERY OR CREMATORY Lebanon Cem.	24d. LOCATION (City, town, or county) (State) Clinton Co. Mo.
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. May 31-1953	REGISTRAR'S SIGNATURE Elizabeth Seared	25. FUNERAL DIRECTOR'S SIGNATURE D. D. Lyon	ADDRESS Plattsburg Mo
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3640

P. O. Address Platteburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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