

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5743**
Registrar's No.

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4435**

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, write RURAL and give township) OR TOWN Perry, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri.	
c. LENGTH OF STAY (In this place) 10Yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry, Missouri.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Della	b. (Middle) Mae	c. (Last) Lewton	(Month) Feb	(Day) 15,	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 18, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months 11 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Ralls Co, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chas Tuttle	13b. MOTHER'S MAIDEN NAME Alice Peterson	14. NAME OF HUSBAND OR WIFE Ralph Lewton
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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. None	17. INFORMANT'S SIGNATURE OR NAME Ralph Lewton	ADDRESS Perry, Missouri.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-12**, 19**54**, to **2-15**, 19**54**, that I last saw the deceased alive on **2-15**, 19**54**, and that death occurred at **2:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest T. Swan D.O.	23b. ADDRESS Perry, Missouri.	23c. DATE SIGNED 2-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-1954	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	24d. LOCATION (City, town, or county) (State) Laddonia, Missouri.
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DATE REC'D BY LOCAL REG. 2-17-54	REGISTRAR'S SIGNATURE Clyde. Welby	25. FUNERAL DIRECTOR'S SIGNATURE Clyde. Welby	ADDRESS Perry, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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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
Student Embalmer

Signed.....

Olyde C. Walker

Licensed Embalmer No. *3826*

P. O. Address *Penns*

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.