

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9171**

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4435** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Ralls, 0870		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls, 0870	
b. CITY (If outside corporate limits, write RURAL and give township) Perry, Mo. /		c. CITY OR TOWN Perry, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 10Yrs		e. STREET ADDRESS (If rural, give location) Perry, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXX Perry, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) S. c. (Last) Lewton.			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1955		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 3, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR 7 Months	IF UNDER 24 HRS. 25 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Ladonia, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ezra Lewton	13b. MOTHER'S MAIDEN NAME Alice Hall.	14. NAME OF HUSBAND OR WIFE Della Mae Lewton.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Emmett Lewton ADDRESS Perry, Mo.
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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, asthma, 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) Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 1500	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) m.	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 **No Medical Attention.**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00P** m., from the causes and on the date stated above.

23a. SIGNATURE Clyde W. Wiskey (Degree or title) Coroner 3	23b. ADDRESS Perry, Mo. Ralls County	23c. DATE SIGNED 3-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-1955	24c. NAME OF CEMETERY OR CREMATORY 267 Ladonia Cemetery	24d. LOCATION (City, town, or county) (State) Ladonia, Missouri.
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DATE REC'D BY LOCAL REG. 3-30-1955	REGISTRAR'S SIGNATURE Clyde W. Wiskey	25. FUNERAL DIRECTOR'S SIGNATURE Clyde W. Wiskey ADDRESS Perry, Mo.
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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.....
Signature of Student Embalmer

Signed.....
Plydie W. Sebey

Licensed Embalmer No...3820...

P. O. Address....Parry, Miss.

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.