

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41238**

FILED JAN 9 1956

REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 4278 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Lincoln</u>		c. CITY OR TOWN <u>Miller</u>	
c. LENGTH OF STAY (In this place) <u>Native</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>0550</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Athena</u> b. (Middle) <u>Hunter</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>6-6-1880</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>W.B.C</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>W.B.C</u>	
13a. FATHER'S NAME <u>Frank Hunter</u>			13b. MOTHER'S MAIDEN NAME <u>Susan P Neece</u>			14. NAME OF HUSBAND OR WIFE <u>Ira Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Lewis Miller Mo.</u>		ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Hypertension</u>			
		ANTECEDENT CAUSES		DUE TO (c) <u>Hypertensive person</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
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)		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 9-1, 1955, to 12-10, 1955, that I last saw the deceased alive on 12-10, 1955, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Beccrey M.D.</u>		(Degree or title)		23b. ADDRESS <u>Miller Mo.</u>		23c. DATE SIGNED <u>12-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pheasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-14-55</u>		REGISTRAR'S SIGNATURE <u>W. S. Beccrey</u>		1580		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Lewis Miller Mo.</u>	
						ADDRESS	

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

FEB 16 1961

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.....  
*E. R. Freeman*

Licensed Embalmer No. 37

P. O. Address Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.