

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

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State File No. 43425

Registrar's No. 10948

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 43425			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri				b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 1 month		c. CITY OR TOWN Rural Joachim		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) Main Street, Herculaneum				05801	
3. NAME OF DECEASED (Type or Print)			a. (First) Blanche		b. (Middle) Elmina		c. (Last) Lewis		
4. DATE OF DEATH		(Month) Nov		(Day) 28		(Year) 1956			
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 29, 1912			
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Hematite, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Chalmer W. Sparks		13b. MOTHER'S MAIDEN NAME Hulda Davis			
14. NAME OF HUSBAND OR WIFE Harvey L. 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 Harvey L. Lewis, Herculaneum, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of ovaries, bilateral & abdominal carcinomatosis						INTERVAL BETWEEN ONSET AND DEATH 5 months	
		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. Obstruction of sigmoid gland due to carcinoma previous to metastatic tumor nodes						10 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Cecostomy 11/4/56 - A periton & unspread tumor implants in peritoneal cavity						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) N/A		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) N/A		21c. (CITY, TOWN, OR TOWNSHIP) N/A		(COUNTY) _____			
(STATE) _____		21d. TIME (Month) (Day) (Year) (Hour) (Minute) N/A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? N/A			
22. I hereby certify that I attended the deceased from 20 Nov 1956 to 28 Nov 1956 , that I last saw the deceased alive on 28 Nov 1956 , and that death occurred at 2:50 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE C. Heigel (Degree or title) M.D.				23b. ADDRESS 307 S. Euclid St. Louis, Mo.		23c. DATE SIGNED 11/29/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Pevely Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Pevely, Missouri			
DATE REC'D BY LOCAL REG. NOV 30 1956		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE McVinyard Fun'l Homes, Inc., Festus, Mo. ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

1957 JUL 8

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 *Donald H. Vinyard*.....

Licensed Embalmer No.....

P. O. Address *Festus*.....

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.