THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3705

FILED FEB 18 1957

6.5h.257

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U. of Mo Med. Center — Length of stay in Ib: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Callaway
c. CITY OR TOWN: Fulton 0143 8 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 413 Penn Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Ronda Middle: Adelia Last: Lewis

4. DATE OF DEATH Month: Feb Day: 11 Year: 1957

5. SEX: F

6. COLOR OR RACE: Negro 3

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ 0 **DIVORCED** ☐

8. DATE OF BIRTH: 2-1-57

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months — Days: 10; IF UNDER 24 HRS.: Hours: 5 Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Fulton Missouri 0

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Frances Wonnadean Lewis

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.:

17. INFORMANT: Frances Lewis Address: 413 Penn Ave, Fulton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Preventable premature - weight 840 grams 27 weeks gestation — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 776X

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 7

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from February 2, 1957, to February 11, 1957 and last saw her/him alive on February 11, 1957. Death occurred at 8:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 0: Mary Bowen M.D.

22b. ADDRESS: University of Missouri Medical Center

22c. DATE SIGNED: February 4, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb 13 57

23c. NAME OF CEMETERY OR CREMATORY: Sewell Side

23d. LOCATION (City, town, or county) (State): Fulton, Mo.

24. FUNERAL DIRECTOR: Harry T. Bell Fulton Mo. — **ADDRESS**

25. DATE RECD. BY LOCAL REG.: Feb 12 1957

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

alth, Welfare blic ervice

300 1-56

31-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry K. Bell

Licensed Embalmer No. 48

P. O. Address Fulton

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.