

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **7274**

Hampton
FILED MAR 13 1957

Registration District No. **355** Primary Registration District No. **4520** Registrar's No. _____

Health, Welfare
Public
Service

300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Summersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Summersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Lotus Hugh Lewis			4. DATE OF DEATH Feb. 2, 1957		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH June 10-1912		
9. AGE (In years last birthday) 44			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		
11. BIRTHPLACE (City and state or country) Gladden, Missouri			12. CITIZEN OF WHAT COUNTRY? U S		
13. FATHER'S NAME G. D. Lewis			14. MOTHER'S MAIDEN NAME Julia Ann Vance		
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.		
17. INFORMANT Willie O. Lewis - Summersville, Mo.			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Artery Disease	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **July 31-56 to Feb 2-57** and last saw her **him** alive on **Feb 2-57**
Death occurred at **10:10 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. Laverne Hampton** 22b. ADDRESS **20 Summersville Mo** 22c. DATE SIGNED **March 4**

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-5-1957	23c. NAME OF CEMETERY OR CREMATORY Empire Cemetery	23d. LOCATION (City, town, or county) (State) Gladden, Missouri
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24. FUNERAL DIRECTOR Duncan Funeral Home - Mtn. View, Mo.	25. DATE RECD. BY LOCAL REG. MAR. 7-57	26. REGISTRAR'S SIGNATURE Anna Roberts
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(Licensed Embalmer's Statement on Reverse Side)

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MAY 29 1957

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 *Joe R. Dunca*
Licensed Embalmer No. *47*
P. O. Address *Mt. View*

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.