

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16834

STATE FILE NUMBER

FILED MAY 27 1957

9783-57 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 475

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		Length of stay in lb <b>8 hours</b>	
d. STREET ADDRESS <b>512 So. Orchard St.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Pamela</b> Middle <b>Jean</b> Last <b>Lewis</b>			4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 18, 1957</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>8</b> Min.	IF UNDER 24 HRS. <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Clinton, Henry Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Charles W. Lewis</b>	
14. MOTHER'S MAIDEN NAME <b>Wanda Sell</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Charles W. Lewis</b> Address <b>512 So. Orchard St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity!</b> DUE TO (b) <b>Cesarean Section</b> DUE TO (c) <b>Watershed ruptured spleen</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>776X</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>5:20</b> Month <b>May</b> Day <b>18</b> Year <b>1957</b> a. m. <b>5:20</b> 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 <b>Clinton, Mo.</b>		COUNTY <b>Henry</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>May 18, 1957</b> to <b>May 19, 1957</b> and last saw her <sup>him</sup> alive on <b>May 19, 1957</b> Death occurred at <b>5:20 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. E. Harbaugh, D. O.</b>		22b. ADDRESS <b>Clinton, Mo.</b>	
22c. DATE SIGNED <b>5-19-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>May 20, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Clinton, Henry Co., Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>W. A. Tansant, Clinton, Mo.</b>		ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>52057</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

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 (Body was not embalmed), Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. A. Veissant.....

Licensed Embalmer No. 372

P. O. Address Clinton

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.