

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18203**

FILED JUN 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. James</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Soldiers Home Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>Hwy 68</b>		08100	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Eva</b>	b. (Middle) <b>Victoria</b>	c. (Last) <b>Lewis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 6 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 11, 1903</b>	9. AGE (In years last birthday) <b>54</b>	10. MONTHS <b>0</b>	11. DAYS <b>25</b>	12. IF UNDER 1 HR. Hours <b>?</b> Min. <b>?</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Newburg, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>General Lee Delishmist</b>	13b. MOTHER'S MAIDEN NAME <b>Kitty Ann Black</b>	14. NAME OF HUSBAND OR WIFE <b>George</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Rauscher</b>	ADDRESS <b>St. Louis, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Adenocarcinoma left ovary with metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? ?</b> <b>? ?</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Diabetes Mellitus</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>175X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 15, 1957**, to **June 6, 1957**, that I last saw the deceased alive on **June 5, 1957**, and that death occurred at **5:30 P.M.** from the causes and on the date stated above.

23. SIGNATURE <b>Joseph Grosskreutz MD</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>St. James, Mo</b>	23c. DATE SIGNED <b>June 7-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 8, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Soldiers Home Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. James, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-9-1957</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James Paul St. James, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

479

RECEIVED

Phelps County Health Officer

County File Number 723

Date Filed June 11, 1957

JUN 24 1957

JUN 18 1957

JUN 7 1957

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 *A. Jesse Gahr*

Licensed Embalmer No. *448*

P. O. Address *A. H. Gahr*

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.