

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017142

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 370 Primary Registration District No. 6254 Registrar's No. 94

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LODI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LODI 1110
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) ✓
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS EUGENE LEWIS			4. DATE OF DEATH Month Day Year APR. 11 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 16, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	9. AGE (In years) (Month Day Hours Min.) 90 F UNDER 1 YEAR IF UNDER 24 HRS. Month 6 Day 5
11. BIRTHPLACE (City and state or country) LIBERTYVILLE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS WALKER LEWIS		13b. MOTHER'S MAIDEN NAME CARRIE SEBASTIAN	14. NAME OF HUSBAND OR WIFE JENNIE M. WILSON
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 Address VERNA ROACH LODI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Months
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)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 4211
21. I attended the deceased from April 5-58 to April 11-58 and last saw her alive on April 10-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) O. B. Meyer M.D.		22b. ADDRESS Caldwate, MO.	22c. DATE SIGNED Apr 12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-13-58	23c. NAME OF CEMETERY OR CREMATORY LEWIS CEM.	23d. LOCATION (City, town, or county) (State) LODI MO.
24. FUNERAL DIRECTOR ADDRESS GISH FUNERAL HOME GREENVILLE		25. DATE RECD. BY LOCAL REG. April 23-1958	26. REGISTRAR'S SIGNATURE Gretta M. Ward

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mary E. Bowler

Licensed Embalmer No. 4426
P. O. Address Portland

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.