

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047298

STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 2

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1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ozark Twp.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>1070</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb <u>50yrs</u> | d. STREET ADDRESS (If outside, give location) <u>1/2 mi W. of Eunice</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William David Lewis</u> | | | 4. DATE OF DEATH Month Day Year <u>12-14-58</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-2-1885</u> | 9. AGE (In years birthday) <u>73</u> | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Texas County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>William Lewis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Kell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Addie</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>486-24-2150</u> | 17. INFORMANT Address <u>Addie Lewis - Eunice, Missouri</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Emaciation & debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary Carcinoma Prostate Gland</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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"/> |

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| 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. | |

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| 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 |
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21. I attended the deceased from 1953 to 1958 and last saw him alive on Dec. 13 - 1958
Death occurred at 3:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Dr. Harvey Houston Do</u> | 22b. ADDRESS <u>Summersville Mo</u> | 22c. DATE SIGNED <u>1-1-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u> | 23b. DATE <u>12-17-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Salem</u> | 23d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Raymond E. Duff-Houston, Mo</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Jan. 17-59</u> | 26. REGISTRAR'S SIGNATURE <u>Murtrie Craig</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Any diseases in Part I must be causally related.

JAN 4 1963

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 *Frank E. Hood*

Licensed Embalmer No. *4026*
P. O. Address *Houston*

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.