

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001870
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 164 Primary Registration District No. 3092 Registrar's No. 17

300
1-57

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Johnson)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RR #2, Leeton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center		Length of stay in 1b 1 Hour	d. STREET ADDRESS Post Oak Twp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ELMER			First	Middle	Last LEWIS
4. DATE OF DEATH Jan 20, 1959		Month	Day	Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 13, 1889		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Crops		11. BIRTHPLACE (City and state or country) Clinton, Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Lewis		13b. MOTHER'S MAIDEN NAME Nancy Jane Asbury		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give <u>year</u> of service) Yes MW #1		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Floyd Lewis, RR #2, Leeton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the under- lying 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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 1-20-59 to 1-20-59 and last saw ^{him} alive on 1-20-59 Death occurred at 4:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. Lee Cooper MD			22b. ADDRESS Warrensburg Mo		22c. DATE SIGNED 1-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cem.		23d. LOCATION (City, town, or county) Leeton, Missouri (State)
24. FUNERAL DIRECTOR The Brauningers		ADDRESS Warrensburg, Missouri		25. DATE RECD. BY LOCAL REG. Jan. 20, 1959	26. REGISTRAR'S SIGNATURE Savannah Crutchfield

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
MEDICAL CERTIFICATION

JAN 28 1958

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 *Richard F. M. Donald*

Licensed Embalmer No. *4825*

P. O. Address *Warrenton*

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.