

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002402

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 10

300  
1-57

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Newburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b 1 Day	d. STREET ADDRESS (If outside, give location) Route 3
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last RICKIE JOE LEWIS			4. DATE OF DEATH Month Day Year Jan. 22, 1959		
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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 Nov. 10, 1958	9. AGE (In years last birthday) 2 1/3	IF UNDER 1 YEAR Month Day Hours Min. 2 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Lewis	13b. MOTHER'S MAIDEN NAME Nellie Ray	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX XX	16. SOCIAL SECURITY NO. XX	17. INFORMANT Charles Lewis, Rtl 3 Newburg Mo.,	Address
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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) acute Bronchitis		INTERVAL BETWEEN ONSET AND DEATH 24 hours
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) congenital Heart Disease		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.)
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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 Nov. 1958 to Jan 22, 1959 and last saw him alive on 1/22/59  
Death occurred at 2:30 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James D. Birtch M.D.	22b. ADDRESS Rolla, Missouri	22c. DATE SIGNED 1/26/59
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23a. BURIAL, CREMATION, REVENUE (Specify) Burial	23b. DATE Jan. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	23d. LOCATION (City, town, or county) (State) Rolla, Mo.,
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24. FUNERAL DIRECTOR Null & Sons Funeral Home.. Rolla By Paul E. Null	25. DATE RECD. BY LOCAL REG. Jan. 26 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

