Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002403

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rolla. Mo — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phelps Co. Hosp. — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Phelps
c. CITY OR TOWN Rural 0810 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) St. James - Star Route — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Rosa. Middle M. Last Lewis

4. DATE OF DEATH Month 1 Day 18 Year 59

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-25-1881
9. AGE (In years last birthday) 77 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Hazelgreen - Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew Harrison
13b. MOTHER'S MAIDEN NAME Emily Traw
14. NAME OF HUSBAND OR WIFE Herbert Lewis

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 Herbert Lewis - Address R. St. Q. St. James, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Pulmonary Embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Intertrochanteus - fracture left femur
DUE TO (c) 9040
INTERVAL BETWEEN ONSET AND DEATH: Sudden 2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home
20c. TIME OF INJURY Hour 3:00 p.m. Month, Day, Year 1/16/59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home
20f. CITY, TOWN, OR LOCATION St. James — COUNTY Phelps 081 — STATE Mo.

21. I attended the deceased from 1/16/59, to 1/18/59 and last saw her alive on 1/18/59
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James D. Burton M.D.
22b. ADDRESS Rolla, Missouri
22c. DATE SIGNED 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-20-59
23c. NAME OF CEMETERY OR CREMATORY Macedonia Cem.
23d. LOCATION (City, town, or county) Phelps Co. (State) Mo.

24. FUNERAL DIRECTOR Orol E. Lickliden — ADDRESS St James Mo.
25. DATE RECD. BY LOCAL REG. Jan. 27, 1959
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 3546

P. O. Address .....

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.