

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002462
STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 282

Primary Registration District No.

Registrar's No. 14

300
1-57

1. PLACE OF DEATH a. COUNTY POLK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Walnut Grove ⁰²⁴⁶
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. N.W. of W.G.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4 mi. N.W. of Walnut Grove
3. NAME OF DECEASED (Type or print) First LAVERNA Middle Last LEWIS			4. DATE OF DEATH Month Jan. Day 26 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1877
9. AGE (In years from birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Hickory County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Gardner		13b. MOTHER'S MAIDEN NAME Mollie McSpadden	14. NAME OF HUSBAND OR WIFE Jesse M. Lewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 486-14-4185	17. INFORMANT Address Mrs. Willie Cacy, Rt. #1, Walnut Grove, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Breast			INTERVAL BETWEEN ONSET AND DEATH 3 yest
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) metastasis to lung.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept 27 1955 and last saw her alive on Jan 14 1959 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D C Miller MD		22b. ADDRESS Bolivar Mo	22c. DATE SIGNED 1/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-29-59	23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	23d. LOCATION (City, town, or county) (State) Humansville Missouri
24. FUNERAL DIRECTOR BRIM-DANIEL		ADDRESS Walnut Grove, Mo.	25. DATE RECD. BY LOCAL REG. Jan 29, 1959
26. REGISTRAR'S SIGNATURE Ralph Borden			

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

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, Mo*

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.