

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008917
STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 27

1. PLACE OF DEATH a. COUNTY DOUGLAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brushcreek	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dora	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence	Length of stay in 1b 15 yrs.	d. STREET ADDRESS (If outside, give location) Dora, Mo. Rt. 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) JOHN THOMAS LEWIS			4. DATE OF DEATH MAR. 28, 1959		
First	Middle	Last	Month	Day	Year

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1891	9. AGE (In years (In birthday) 68)	IF UNDER 1 YEAR Months _____ Days _____	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) Texas Co., Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE LEWIS	13b. MOTHER'S MAIDEN NAME ELIZABETH SMITH	14. NAME OF HUSBAND OR WIFE _____
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Chas. Giles, Bx 254 W. Plains, 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) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH (2 1/2 months)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Abdominal to Liver	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X		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 _____ a.m. _____ p.m. Month, Day, Year _____

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 June 1919 to March 25 1919 and last saw him alive on March 17 1919 Death occurred at 8:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. W. Cooper, M.D. (Degree or title) _____	22b. ADDRESS Mayr Mo	22c. DATE SIGNED 3-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 31, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	23d. LOCATION (City, town, or county) (State) West Plains, Mo.
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24. FUNERAL DIRECTOR Hal Staunberg	ADDRESS BARTER FUNERAL HOME WEST PLAINS, MO.	25. DATE RECD. BY LOCAL REG. 4-5-59	26. REGISTRAR'S SIGNATURE Vestal Bushman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6521 63 NOV

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 *Hal Thourney*

Licensed Embalmer No. *340*
CARTER FUNERAL HOME
P. O. Address WEST PLAINS, 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.