

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012902

STATE FILE NUMBER

40

FILED MAY 11 1959 Registration District No. 120 Primary Registration District No. Registrar's No.

300
1-57

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1. PLACE OF DEATH a. COUNTY <u>GENTRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>GENTRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>STANBERRY</u> ^{0, 3 86} Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HARMONY Hill</u>		Length of stay in lb <u>7 mos.</u>	d. STREET ADDRESS (If outside, give location) <u>R. 7D.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>A.</u> Last <u>LEWIS</u>			4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1959</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 16, 1865</u>	9. AGE (In years last birthday) <u>93</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>WORTH Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CONNOR</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CABLE</u>	14. NAME OF HUSBAND OR WIFE <u>LEANDER LEWIS</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>GRANT LEWIS - OSBORN, Mo.</u>	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) <u>arteriosclerotic cerebrovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
DUE TO (b) <u>unknown</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Thrombophlebitis, leg.</u>		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. 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

21. I attended the deceased from 10-12-58 to April 29, 1959 and last saw her alive on 4-29-59
Death occurred at 10:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Albert L. Carlin</u> (Degree or title)	22b. ADDRESS <u>Stanberry, Mo</u>	22c. DATE SIGNED <u>5-3-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 1 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN RIDGE</u>	23d. LOCATION (City, town, or county) (State) <u>GENTRY Mo</u>
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24. FUNERAL DIRECTOR <u>STANBERRY, MO.</u> <u>JOHNSON FUNERAL HOME.</u>	25. DATE RECD. BY LOCAL REG. <u>May, 3, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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Albert L. Carlin
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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. 4948

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.