

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013808  
STATE FILE NUMBER

DECEASED MAY 12 1959

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 73

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u>		c. CITY OR TOWN <u>Joplin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.#3, Box 185</u>	
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>William</u> Last <u>Lewis</u>		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 22, 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Lawton, Kansas, Missouri</u>
13a. FATHER'S NAME <u>William Alfred Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pittman</u>	14. NAME OF HUSBAND OR WIFE <u>Charlotte Lewis</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W.2</u>		16. SOCIAL SECURITY NO. <u>500-09-0223</u>	17. INFORMANT Address <u>Mrs Charlotte Lewis, Rt.3, Joplin Mo.</u>
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>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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) <u>33/x</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 <u>4-30-59</u> to <u>5-1-59</u> and last saw her alive on <u>5-1-59</u> Death occurred at <u>1:20</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Pence</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Carterville, Mo</u>	
		22c. DATE SIGNED <u>5-4-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 4, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>		23d. LOCATION (City, town, or county) (State) <u>Carl Junction Missouri</u>	
24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home, Webb City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 18 1958

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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 *Richard H. Lewis*

Licensed Embalmer No. *4485*

P. O. Address *Webb City, Mo.*

*Please*

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.