

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013924

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Larayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Larayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lexington 0.542 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Mem. Hosp. 50 yr		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2109 Jefferson
3. NAME OF DECEASED (Type or print) First Middle Last JAMES F. LEWIS			4. DATE OF DEATH Month Day Year May 4 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 7 1895
9. AGE (In years last birthday) 63		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) Const. Labor & Farming		10b. KIND OF BUSINESS OR INDUSTRY employee	11. BIRTHPLACE (City and state or country) Dover, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Hilton Lewis	
13b. MOTHER'S MAIDEN NAME Elizabeth Winn		14. NAME OF HUSBAND OR WIFE Marie Summers Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or series of service) yes W.W.I 3-7-14		16. SOCIAL SECURITY NO. 720-12-3535	17. INFORMANT Address Mrs. Marie Lewis Lexington, 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) Chronic glomerular Nephritis arterio-sclerotic heart disease & Congestive failure			INTERVAL BETWEEN ONSET AND DEATH 18 Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			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 Month, Day, Year 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 1946 to May 4 1959 and last saw her alive on May 4 1959 Death occurred at 1:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joe W Ward		22b. ADDRESS H.D. Lexington Mo.	22c. DATE SIGNED 5-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 6 1959	23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery	23d. LOCATION (City, town, or county) (State) Dover Mo.
24. FUNERAL DIRECTOR Crunk-Walker		ADDRESS Lexington, Mo.	25. DATE RECD. BY LOCAL REG. 5-9-59
26. REGISTRAR'S SIGNATURE Wm E Gant			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 13 1959

MAY 18 1959

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 *Harold S. Walker*

Licensed Embalmer No. *45-88*

P. O. Address *Lexington, S.C.*

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.