

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018638

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 163

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Atterville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pletcher Nursing Home Mo.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>027</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type in) First Middle Last <u>MEDORA - FRANCES - LEWIS</u>			4. DATE OF DEATH Month Day Year <u>May 10, 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</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>Nov. 15, 1861</u>	
9. AGE (In years, last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Atterville Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William B. Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Colbert</u>		14. NAME OF HUSBAND OR WIFE <u>James Lewis</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Edward J. Shutt, Atterville, 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>Died in sleep</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized arteriosclerosis</u>	<u>2 years</u>
	DUE TO (c) <u>Senility</u>	<u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Abdominal pain of unknown etiology. 4500.</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 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 5 April 1959 to 10 May 1959 and last saw her alive on 5 April 1959  
Death occurred at between 1 to 7 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dress or title) <u>Stanley D. Fisher MD</u>	22b. ADDRESS <u>500 St. 16<sup>th</sup> Sedalia Mo</u>	22c. DATE SIGNED <u>5-11-59</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial May 12, 1959</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>atterville Mo</u>
---	-----------	---	---

24. FUNERAL DIRECTOR <u>Days - Painter, Atterville Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5/12/1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
--	---------	--	--

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert L. Painter* .....

Licensed Embalmer No. *4069* .....  
P. O. Address *Attenuville, 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.