URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59-035275

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1068

1068

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
Length of stay in 1b: 23 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 808 Garden St.
Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location) 808 Garden St.
Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First Paul Middle Gordon Last Lewis
4. DATE OF DEATH: Month Oct. Day 20, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married Widowed Divorced
8. DATE OF BIRTH: Apr. 23, 1913
9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Walnut Log Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Log Buying
11. BIRTHPLACE (City and state or country): Sheridan, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William H. Lewis
13b. MOTHER'S MAIDEN NAME: Anna Good
14. NAME OF HUSBAND OR WIFE: Deloris Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Deloris Lewis Address: 808 Garden St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sudden Death Cause undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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~~ to and last saw her/him alive on
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin H Christ MD County Health Officer
22b. ADDRESS: 6106 King Hill Ave
22c. DATE SIGNED: 10-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 22, 1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: Clark Funeral Home ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 27, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF M. H. CHRIST, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4238

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.