

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040750

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 34

WENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Johnson</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Knob Noster</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Johnson</i>	
Length of stay in 1b <i>25 years</i>		c. CITY OR TOWN <i>Knob Noster</i>		d. STREET ADDRESS <i>None</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>At Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>WALTER</i>		Middle <i>LESLIE</i>		Last <i>LEWIS</i>		Month Day Year <i>November 7 1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-9-1884</i>	9. AGE (last birthday) <i>75</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Monseratt, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Charles Franklin Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Clarabelle Evans</i>		14. NAME OF HUSBAND OR WIFE <i>Dora Bear Lewis</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Mrs. Emil Wolfrum, Knob Noster, Missouri</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<i>Cerebral Hemorrhage</i>				<i>5 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		<input checked="" type="checkbox"/>			
		DUE TO (c)		<input type="checkbox"/>			
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.	
<i>Chr. Valvular Disease</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <input checked="" type="checkbox"/>					
20c. TIME OF INJURY Hour a.m. p.m. <i>✓</i>	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>✓</i>		20f. CITY, TOWN, OR LOCATION <i>Knob Noster Johnson, MO</i>		COUNTY STATE		
21. I attended the deceased from <i>Nov 2 - 59</i> , to <i>Nov. 7, 1959</i> and last saw him ^{alive} on <i>Nov. 7, 1959</i> Death occurred at <i>8:20 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>G.W. Powers</i> MD				22b. ADDRESS <i>Knob Noster, Missouri</i>		22c. DATE SIGNED <i>11-9-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-9-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Knob Noster Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Knob Noster, Missouri</i>		
24. FUNERAL DIRECTOR <i>The Brauningers, Warrensburg, Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>Nov 19-59</i>		26. REGISTRAR'S SIGNATURE <i>Erma L. Beatty</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Jimmy S. Bushhorn

Licensed Embalmer No. 4092

P. O. Address Warrensburg, 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.