

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000205

FILED VS JAN 11 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY PHILIPPS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Length of stay in 1b 5 HRS	c. CITY OR TOWN ROLLA
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIV. of Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 804 EAST 7th STREET
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SUSAN Middle ANN Last LEWIS			4. DATE OF DEATH Month JANUARY Day 3 Year 1960		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-14-59	9. AGE (last birthday) IF UNDER 1 YEAR Months 4 Days 30	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINOR	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) ROLLA Missouri	12. CITIZEN OF WHAT COUNTRY UNITED STATES
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13a. FATHER'S NAME ROBERT LEWIS	13b. MOTHER'S MAIDEN NAME BONNIE WALTERS	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT HOSPITAL CHART	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITONITIS-ENTERITIS		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) DUODENAL ATRESIA - REPAIRED	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **7:50** **AUGUST 18, 1959** to **JAN 3, 1960** and last saw her alive on **JAN 3, 1960**.
Death occurred at **7:50** **a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE Clement E. Berdick MD (Degree or title)	22b. ADDRESS U of Missouri, Columbia Mo	22c. DATE SIGNED 1-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-3-1960	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	23d. LOCATION (City, town, or county) (State) Lebanon, Missouri
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 3 1960	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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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 _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed JW Kelly

Licensed Embalmer No. 4897

P. O. Address Columbus

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.