RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-002546

FILED VS FEB 15 1960

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 7

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Palmyra
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence 210 Dickerson Street
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Palmyra
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 210 Dickerson Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: B. Last: LEWIS
4. DATE OF DEATH: Month January Day 31 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/19/1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 4 Days 12 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Lewis Brothers
11. BIRTHPLACE (City and state or country): Marion County
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: T.J.Lewis
13b. MOTHER'S MAIDEN NAME: Belle Brown
14. NAME OF HUSBAND OR WIFE: Helen Morrow Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.: 492 40 6497
17. INFORMANT: George M.Lewis Address: Palmyra Missouri

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery disease — 8 yrs.
DUE TO (c):
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 Jan 29, 1960, to Jan 31, 1960 and last saw him alive on Jan 30, 1960
Death occurred at 12:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J A Hell (Degree or title) M D
22b. ADDRESS: Palmyra Mo.
22c. DATE SIGNED: 2/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/2/1960
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Palmyra Missouri
24. FUNERAL DIRECTOR ADDRESS: Lewis Brothers, Palmyra Missouri
25. DATE RECD. BY LOCAL REG.: 2-8-60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By V. Gen, Deputy

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 7814

P. O. Address Hannibal Miss

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