

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007104

FILED VS MAR 15 1960

178

28

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reddish		Length of stay in lb 11 yrs.	c. CITY OR TOWN Canton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie View Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 S. 3rd St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Eva Middle Mae- Last Lewis			4. DATE OF DEATH Month Febr. Day 24, Year 1960		
--	--	--	--	--	--

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 5-6-1886	9. AGE (last birthday) 73	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) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Canton, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
---	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME Sam Lewis		13b. MOTHER'S MAIDEN NAME Francis Hutchinson		14. NAME OF HUSBAND OR WIFE Single	
-------------------------------------	--	---	--	---	--

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. None		17. INFORMANT Frank Lewis, Chicago, Ill.		Address _____	
--	--	-------------------------------------	--	---	--	---------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (b), 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) Mentally Feeble -				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			
--	--	--	--	---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input 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.)					
---	---	--	--	--	--	--	--

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
---	--	--	--	--	--	--	--

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	
--	--	--	--	------------------------------	--	--------	--	-------	--

21. I attended the deceased from **Aug 1957** to **24 Feb 60** and last saw her ^{him} alive on **24 Feb 60**
 Death occurred at **0.0 A.T.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W Will (Degree or title) D.O.			22b. ADDRESS Lewistown Mo			22c. DATE SIGNED 1 Mar 60		
---	--	--	----------------------------------	--	--	----------------------------------	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-27-1960	23c. NAME OF CEMETERY OR CREMATORY Forest Grove		23d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.			
---	----------------------------	--	--	--	--	--	--

24. FUNERAL DIRECTOR Carl H. Barkley, Canton Mo ADDRESS _____		25. DATE RECD. BY LOCAL REG. 3-9-60		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd			
--	--	--	--	---	--	--	--

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton

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.