URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS FEB 29 1960 385

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Registration District No. _____ Primary Registration District No. 3039 Registrar's No. 96

60-007154
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marceline — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Macon
c. CITY OR TOWN: Ethel — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Oscar Middle: William Last: Lewis

4. DATE OF DEATH Month: Feb. Day: 2, Year: 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/2/1889
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months: 1 Days: 8 IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Santa Fe R. R.
11. BIRTHPLACE (City and state or country): Cabool, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James P. Lewis
13b. MOTHER'S MAIDEN NAME: Clara
14. NAME OF HUSBAND OR WIFE: Cecelia V. 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.: 708-14-9087
17. INFORMANT: Cecelia V. Lewis, Address: Rt.2, Ethel, Mo.

MEDICAL CERTIFICATION

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)	Pneumonitis	6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Atelectasis with abscess	6 days
DUE TO (c)	Carcinoma of the lung	1 year +

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. 6-60, to Feb 2-60 and last saw her/him alive on _____
Death occurred at 7:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Gayon (Degree or title)
22b. ADDRESS Marceline Missouri
22c. DATE SIGNED 2-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Bucklin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Larson Funeral Service, Bucklin, Mo.
25. DATE RECD. BY LOCAL REG.: 2-3-1960
26. REGISTRAR'S SIGNATURE: Brookie Owens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 1

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_____ Signed C. A. Larson

Signature of Student Embalmer

Licensed Embalmer No. 4037

P. O. Address Bucklin, Misso

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