

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010584

FILED VS APR 4 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 363

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Springfield</u> | Length of stay in 1b <u>27 months</u> | c. CITY OR TOWN <u>Dry Knob</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If not in hospital, give location) <u>Kimbrough Rest Home</u> | | d. STREET ADDRESS (If outside, give location) <u>No St. address</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Isabelle</u> Middle <u>Lewis</u> Last <u>Lewis</u> | 4. DATE OF DEATH <u>MARCH 28 - 1960</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/15/1876</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u> | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>W. J. Spencer</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Hough</u> | 14. NAME OF HUSBAND OR WIFE <u>R. L. Lewis</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Alvie Lewis Lebanon, Mo.</u> | Address <u>Lebanon, Mo.</u> |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Carcinomatosis, generalized</u> | <u>8 mos.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Carcinoma of colon</u> | <u>8 mos.</u> |
| | DUE TO (c) | |

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| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>7:08</u> Month, Day, Year <u>Sept. 1958</u> | 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.) | 20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo.</u> | COUNTY <u>Mo.</u> | STATE <u>Mo.</u> |
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| 21. I attended the deceased from <u>9 Sept. 1958</u> to <u>28 MAR. 60</u> and last saw her <u>4 MAR. 1960</u> alive on <u>4 MAR. 1960</u> |
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Death occurred at 7:08 P on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Lemuel E. Dobb, M.D.</u> | 22b. ADDRESS <u>1630 N. Jefferson</u> | 22c. DATE SIGNED <u>30 MAR 60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/1/1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Oakland, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Horsey M. Howe</u> | ADDRESS <u>Lebanon, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-31-60</u> | 26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 23 1960

APR 5

STATEMENT BY LICENSED EMBALMER

_____ 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 Dorsey M. How

Licensed Embalmer No. 422

P. O. Address Lebanon

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