

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-013837**

FILED VS APR 15 1960 333

Registration District No. \_\_\_\_\_ Primary Registration District No. 3074 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>SCOTT COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>MISSI.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON, MO.</b>		c. CITY OR TOWN <b>EAST PRAIRIE, MO.</b>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BEL-AIR NURSING HOME</b>		d. STREET ADDRESS (If outside, give location) <b>GEN. DEL.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LESSIE</b> Middle _____ Last <b>LEWIS</b>		4. DATE OF DEATH Month <b>3</b> - Day <b>22</b> - Year <b>1960</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-10-1881</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	
11. BIRTHPLACE (City and state or country) <b>near E. PRAIRIE, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A?</b>	
13a. FATHER'S NAME <b>BENJAMIN JACKSON</b>		13b. MOTHER'S MAIDEN NAME <b>LADY MARGARETTE HUGHES</b>	
14. NAME OF HUSBAND OR WIFE <b>CLAUDE LEWIS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>8017 WASH. ST. LOUIS, MO.</b> <b>MRS. MOLLIE LEWIS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Post pneumonia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>			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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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 <u>3-21-60</u> to <u>3-22-60</u> and last saw her <u>him</u> alive on <u>3-21-60</u> . Death occurred at <u>8:55</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. D. Urban, M.D.</u>		22b. ADDRESS <u>Sikeston</u>	22c. DATE SIGNED <u>3-30-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <u>3-25-60</u>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CHARLESTON, MISSOURI.</b>
24. FUNERAL DIRECTOR <b>SHELBY FUNERAL HOME</b>	ADDRESS <b>E. PRAIRIE, MO.</b>	25. DATE RECD. BY LOCAL REG. <u>4-6-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>

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 *David Shelby*

Licensed Embalmer No. 4940  
P. O. Address Cost. Pa.

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.