

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026319

FILED VS. JUL 19 1960 93

Registration District No. _____ Primary Registration District No. 4153 Registrar's No. 60-43

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Dade</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dade</u> c. CITY OR TOWN <u>Everton Trl</u> d. STREET ADDRESS (if outside, give location) <u>4mi west</u>		
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Milton</u> Last <u>Lewis</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16 1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Phelps Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>usa</u>
13a. FATHER'S NAME <u>Robert Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Lewis</u>	
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>554-22-3131</u>		17. INFORMANT Address <u>Ada Lewis Everton Mo rtl</u>		
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>Stra Thoracic in marriage.</u> DUE TO (b) _____ 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 hrs</u>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Sitting in front of truck + it ran over him.</u>			
20c. TIME OF INJURY Hour <u>7:50</u> a.m. <u>7:50</u> p.m. Month, Day, Year <u>7-5-60</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.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>Greenfield, mo</u>		COUNTY _____	STATE _____	
21. I attended the deceased from <u>10-6-58</u> to <u>7-5-60</u> and last saw him live on <u>7-5-60</u> Death occurred at <u>7:30p</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Emeru. Jaylorm</u>			22b. ADDRESS <u>Forkwood, mo</u>		22c. DATE SIGNED <u>7/12/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 10 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		23d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Allison Funeral Home Greenfield Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>July 14, 1960</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 27 1962

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greentree

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.