

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

**-60-035734**

**FILED VS SEP 28 1960**

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 119

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY: <u>PIKE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA.</u> Length of stay in 1b <u>6 WKS.</u>		c. CITY OR TOWN <u>EDLIA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE CO. HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>HARRY CALVIN LEWIS</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Sept. 19 1960</u>
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>3-22-76</u>
<b>9. AGE</b> (last birthday) <u>84.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during normal working life, even if retired) <u>FARMING</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FARMER.</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>SLED MO PIKE CO MO USA.</u>
<b>12. CITIZEN OF WHAT COUNTRY</b> (If not born in U.S., give date of naturalization)		<b>13. FATHER'S NAME</b> <u>JAMES STILMAN LEWIS</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY A ESTES</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>ADA MINOR LEWIS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>497-42-2026</u>	<b>17. INFORMANT</b> Address <u>ADA LEWIS. EDLIA MO.</u>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia and Azotemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Sigmoid colon with metastasis</u>			<u>3 months</u>
DUE TO (c) _____			
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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) -----	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY STATE
<b>21. I attended the deceased from</b> <u>8/10/60</u> to <u>9/19/60</u> and last saw <sup>them</sup> him alive on <u>9/19/60</u> Death occurred at <u>9:55P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <u>Chas. H. Luellen M.D.</u>		<b>22b. ADDRESS</b> <u>122 South 3rd, Louisiana Missouri</u>	<b>22c. DATE SIGNED</b> <u>9/20/60</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>23b. DATE</b> <u>SEPT 21-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>ST JOHNS EPISCOPAL</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>EDLIA MO.</u>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>COLLIER FUNERAL SERVICE. LOUISIANA MO</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Sept 26-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Bernie Collett</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1960

OCT 18 1960

**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 Geo. M. Callie

Licensed Embalmer No. 383

P. O. Address Louisiana

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