

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044811

STATE FILE NUMBER

NOV 29 1960 25'

Registration District No. 6893 Primary Registration District No. 322 Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fabius Twp.</u> | Length of stay in 1b <u>Most life</u> | c. CITY OR TOWN <u>Lancaster</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) <u>Fabius Twp.</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Walter</u> Last <u>Lewis</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</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>Aug. 26, 1879</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months <u>2</u> Days <u>19</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Buyer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Scotland Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>John Samuel Lewis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hottie Goosey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lora Lewis</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mrs. James W. Lewis, Lancaster, 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: IMMEDIATE CAUSE (a) <u>Transition and debilitation</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</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 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.) | |
| 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 checked="" 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 2-3-56 to 11-15-60 and last saw ^{her}him alive on 11-15-60
Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>H. R. Drake, D.O.</u> | 22b. ADDRESS <u>Lancaster, Missouri</u> | 22c. DATE SIGNED <u>11-16-60</u> |
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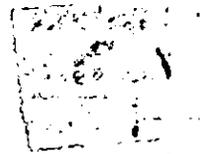
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 18, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Moore Funeral Home, Downing, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov 20, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. R. J. Drake</u> |
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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 Neal Payne

Licensed Embalmer No. 7550

P. O. Address Memphis TN

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.