

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 27 1960 169

46 -60-046654
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		Length of stay in 1b since 1938 1938	c. CITY OR TOWN Edina
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital & clinic		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Edina, Mo
3. NAME OF DECEASED (Type or print) First PEARL Middle Last LEWIS			4. DATE OF DEATH Month Dec Day 14 Year 1960
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10 Aug 1891
9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-car dealer		10b. KIND OF BUSINESS OR INDUSTRY Implement Co	11. BIRTHPLACE (City and state or country) Knox County
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JAMES F. LEWIS	
13b. MOTHER'S MAIDEN NAME ANGELINE LUKER		14. NAME OF HUSBAND OR WIFE MARY A. ROUSH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 498-38-5897	17. INFORMANT Address Mrs. Harold Stone Edina, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exsanguination DUE TO (b) Spontaneous hemorrhage into urinary bladder DUE TO (c) Primary Carcinoma of Prostate Gland			INTERVAL BETWEEN ONSET AND DEATH 24 mo.
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 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 October 23, '60 to December 14, '60 and last saw her/him alive on 12/14/60 Death occurred at 1:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i> D.O.		22b. ADDRESS Edina, Mo.	22c. DATE SIGNED
23a. BURIAL CREMATION, REMOVAL (Specify) burial	23b. DATE 16 Dec 1960	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	23d. LOCATION (City, town, or county) (State) Edina, Mo
24. FUNERAL DIRECTOR HUDSON-RIMFR FUNFRAL HOME	ADDRESS Edina, Mo	25. DATE RECD. BY LOCAL REG. Dec-19-1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 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 Tim Rimer, Student Embalmer No. 610

working under my personal supervision.

Student James W. Rimer
Signature of Student Embalmer

Signed A. G. Rimer

Licensed Embalmer No. 504

P. O. Address Edina, Minn.

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.