MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000459
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. ——— Registrar's No. 47

FILED VS FEB 15 1961

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DOCUMENT — BY AFFIDAVIT OF

WRITE STUB — AMENDED — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 blk. S. #142 — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Neelyville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PERLIE Middle Last LEWIS
4. DATE OF DEATH Month Day Year: January 14, 1961
5. SEX: female
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/1/1917
9. AGE (last birthday): 43 — 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): Gen. Labor
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Lewis
13b. MOTHER'S MAIDEN NAME: Lydia Lewis
14. NAME OF HUSBAND OR WIFE: nevr married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Herman Lewis Address: St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant Hypertension — Years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec. 10, 1960, to Jan. 14, 1961 and last saw her alive on Jan. 14, 1961
Death occurred at 10:00pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith, DO. (Degree or title)
22b. ADDRESS Naylor, Mo.
22c. DATE SIGNED 2-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/19/1961
23c. NAME OF CEMETERY OR CREMATORY: Neelyville cem.
23d. LOCATION (City, town, or county) (State): Neelyville, Mo.

24. FUNERAL DIRECTOR: Edwards-Parrent ADDRESS: Naylor, Mo.
25. DATE REC'D BY LOCAL REG.: 2/3/61
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gene H Parrent
Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo

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.