

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-020338

STATE FILE NUMBER

AMENDED

FILED JUN 23 1961 ²⁷ Primary Registration District No. 3025 Registrar's No. 77

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Mo.		Length of stay in 1b 4 1/2 wks.		c. CITY OR TOWN Butler, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co., Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. #5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Abram Henry Lewis			4. DATE OF DEATH Month Day Year June 13, 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-3-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mail Service		11. BIRTHPLACE (City and state or country) Amsterdam, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas H. Lewis		13b. MOTHER'S MAIDEN NAME Fannie C. Covington	
14. NAME OF HUSBAND OR WIFE Ethel E. Bell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.# 1		16. SOCIAL SECURITY NO.	
17. INFORMANT Ethel E. Lewis		Address Butler, 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) Acute Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 8 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis					5 yrs
DUE TO (c) Acute Thrombo-embolism					5 days
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 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 Apr. 4, 1956 to June 13, 1961 , and last saw him June 3, 1961 Death occurred at 10 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print or type) Carter St. Luster MD			22b. ADDRESS Butler Mo		22c. DATE SIGNED 6/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-16-61	23c. NAME OF CEMETERY OR CREMATORY West Point		23d. LOCATION (City, town, or county) (State) Bates Co., Mo.	
24. FUNERAL DIRECTOR Culver Underwood		ADDRESS Butler, Mo.		25. DATE RECD. BY LOCAL REG. June 19-1961	26. REGISTRAR'S SIGNATURE Rendell Kersey

JUN 27 1961

JUN 28 1961

OCT 17 1961

JUN 13 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Henderson
Licensed Embalmer No. 3582

P. O. Address Butler, Pa.

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.