

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021993

STATE FILE NUMBER

AMENDED

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 18

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis Twp.		c. CITY OR TOWN Lilbourn	
Length of stay in 1b 20 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lilbourn N. Project		d. STREET ADDRESS (If outside, give location) Lilbourn N. Project house 65	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fannie Middle Lewis Last			4. DATE OF DEATH Month June Day 16 Year 1961		
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-5-1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 7 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marion, Arkansas	
13a. FATHER'S NAME Slead Miller		13b. MOTHER'S MAIDEN NAME Maria Miller Adkins		14. NAME OF HUSBAND OR WIFE Henry Lewis	

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. None	17. INFORMANT Henry Lewis-Lilbourn, Mo.
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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) Coronary decompression, irreversible 2 hrs.		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	
	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 checked="" 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 New Madrid, Mo.	COUNTY STATE
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21. I attended the deceased from **Nov 1960 to 25 May 61** and last saw her **alive on 25 May 61**
Death occurred at **7:20 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Ponder MD	22b. ADDRESS New Madrid, Mo	22c. DATE SIGNED 16 June 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-18-61	23c. NAME OF CEMETERY OR CREMATORY Concord	23d. LOCATION (City, town, or county) New Hayti, Mo.
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24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. June 17 1961	26. REGISTRAR'S SIGNATURE Charles Simpson by H. L. Ponder
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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,

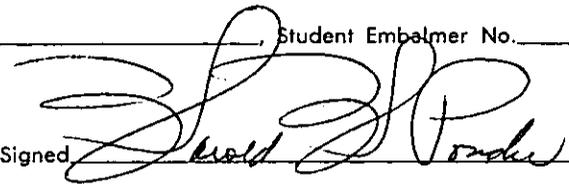
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 5030

P. O. Address Illinois, 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.