

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

61-024815  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 64510

AMENDED

<b>FILED JUL 17 1967</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>GREENE</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SPRINGFIELD</b>		a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SPRINGFIELD</b>		Length of stay in 1b <b>3 HRS.</b>		c. CITY OR TOWN <b>BOIS D ARC</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE PROTESTANT HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>NORTH PART TOWN</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CECIL</b> Middle <b>LEE LEWIS</b> Last			4. DATE OF DEATH <b>JULY 5 1961</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1 5 1907</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HEAVY MACHINE OPR.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GREENE CO. R. B.</b>		11. BIRTHPLACE (City and state or country) <b>DADE CO. MO.</b>	
10c. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>LODA LEWIS</b>		13b. MOTHER'S MAIDEN NAME <b>PEARL ROBINETT</b>	
14. NAME OF HUSBAND OR WIFE <b>ETTE LEWIS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <b>NO NONE</b>		17. INFORMANT <b>MRS CECIL LEWIS BOIS D ARC MO.</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>					<b>sev. hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
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 type="checkbox"/> N. <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 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 <b>7-5-61</b> to <b>7-5-61</b> and last saw <sup>her</sup> him alive on <b>7-5-61</b>					
Death occurred at <b>11:15 P.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>7-7-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 9 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ASH GROVE CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ASH GROVE MO.</b> (State)	
24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Ash Grove Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-10-61</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

JAN 16 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 Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Beale Green

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.