

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-026482
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 263

AMENDED FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 4 mos.	c. CITY OR TOWN Grubville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sarah Middle Lewis Last Lewis			4. DATE OF DEATH Month June Day 30 , Year 1961		
5. SEX Female	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 7-9-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (City and state or country) Jefferson County	
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Jacob Scaggs		13b. MOTHER'S MAIDEN NAME Helen Bollinger	
14. NAME OF HUSBAND OR WIFE Elmer Lewis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
17. INFORMANT Address Elmer Lewis, St Clair, 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) Cerebral arteriosclerosis DUE TO (b) Generalized arteriosclerosis. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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		
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 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 Mar. 29, 1961 to June 30, 1961 and last saw her alive on June 30, 1961 Death occurred at 7:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Jacob Scaggs</i>			22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 7/5/61
23a. BURIAL/CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-3-61	23c. NAME OF CEMETERY OR CREMATORY Ware Cemetery		23d. LOCATION (City, town, or county) (State) Ware, Mo.
24. FUNERAL DIRECTOR ADDRESS Lennox & Casey St Clair, Mo			25. DATE RECD. BY LOCAL REG. July 2, 1961	26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Basil T. Boyer, M

Licensed Embalmer No. 5119

P. O. Address Bone Toney, 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.