

# MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040117

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 695

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>10 days</u>	c. CITY OR TOWN <u>Otterville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U. of Mo. Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Guss</u> Middle <u>Otto</u> Last <u>Lewis</u>			4. DATE OF DEATH Month <u>November</u> Day <u>16</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-07</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Morgan County - Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levi Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Preeg</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>NOT GIVEN</u>	17. INFORMANT <u>Hospital chart 4 mmc.</u> Address <u>Columbia, Mo.</u>
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Dissecting aortic (thromic) aneurysm

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (operative attempt of graft insertion)

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
Oct 17 - 1961

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 <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 Nov 6 61 to Nov 16 61 and last saw her/him alive on Nov 16 - 61  
Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Rufus Stedman Jr M.D.</u>	22b. ADDRESS <u>1907 Stedman Rd</u>	22c. DATE SIGNED <u>11/16/61</u>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-16-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHLEHEM BAPTIST</u>	23d. LOCATION (City, town, or county) (State) <u>MORGAN COUNTY - MO</u>
---	------------------------------	--	--

24. FUNERAL DIRECTOR <u>DW Heebast</u>	ADDRESS <u>SEDALIA MISSOURI</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 16 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>
---	------------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
BY AFIDAVIT OF  
ITEM NO. 1 SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

**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 DW Keckart

Licensed Embalmer No. 3470

P. O. Address Box 389 SEDALIA. 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.