

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041459

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 187

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Township		Length of stay in 1b 1 week	c. CITY OR TOWN Joplin Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2125 Porter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle D Last LEWIS			4. DATE OF DEATH Month November Day 24 Year 1961		
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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 8-6-1877	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and state or country) Abington, Ill.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME B. J. Lewis	13b. MOTHER'S MAIDEN NAME Mary E. Connors	14. NAME OF HUSBAND OR WIFE Bessie Lewis
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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.	17. INFORMANT Address Bessie Lewis, 2125 Porter St., Joplin
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis		1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fracture hip	4 weeks
	DUE TO (c) Carcinoma of mouth	3 months
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.)
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20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from **April 10, 1958** to **Nov 22, 1961** and last saw him alive on **Nov 22, 1961**
Death occurred at **4:45 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Lewis H Ferguson</i>	(Degree or title)	22b. ADDRESS Medical Arts Bldg, Joplin, Mo	22c. DATE SIGNED 1/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/26/61	23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	23d. LOCATION (City, town, or county) (State) Galena, Kansas
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24. FUNERAL DIRECTOR Wene Funeral Home, Baxter Spgs, Kansas	ADDRESS	25. DATE RECD. BY LOCAL REG. 11/30/61	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Ferguson

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. _____

P. O. Address _____

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.