

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045746

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 69

AMENDED

FILED DEC 30 1961

1. PLACE OF DEATH a. COUNTY <i>Leicester</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Leicester</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Canthersville</i>		Length of stay in 1b	c. CITY OR TOWN <i>Canthersville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>in home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>309 E. 15th St.</i>

3. NAME OF DECEASED (Type or print) First <i>Woria</i> Middle <i>Jean</i> Last <i>Lewis</i>			4. DATE OF DEATH Month <i>12</i> Day <i>11</i> Year <i>1961</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cal.</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-10-59</i>	9. AGE (last birthday) <i>2</i>	IF UNDER 1 YEAR Months <i>7</i> Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>typist</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state and country) <i>Canthersville</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13a. FATHER'S NAME <i>James Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Edessa Mass</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Edessa Lewis, Canthersville, Mo.</i>	

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) <i>Pneumonia</i>			<i>2 days</i>
DUE TO (b) <i>Infection of lungs</i>			"
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Andriacephalus</i>		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 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	COUNTY	STATE
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21. I attended the deceased from *5-30-59* to *12-11-61* and last saw her alive on *12-11-61*  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree & title)	22b. ADDRESS <i>Canthersville, Mo.</i>	22c. DATE SIGNED <i>12/11/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-13-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Magnolia Cemetery</i>	23d. LOCATION (city, town, or county) (State) <i>Canthersville, Mo.</i>
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24. FUNERAL DIRECTOR <i>J. Smith, Canthersville, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12-14-61</i>	26. REGISTRAR'S SIGNATURE <i>Jack W Tipton</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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

*Jack Kelley*

Licensed Embalmer No. 3788

P. O. Address Carruthersville

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.