

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045861

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 1

FILED JAN 10 1962

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL LIBERTY TWP</u>		Length of stay in lb <u>30 yrs</u>	c. CITY OR TOWN <u>RURAL-LIBERTY TWP</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>Unionville</u>		Side Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>UNIONVILLE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROY Middle IRA Last LEWIS 4. DATE OF DEATH Month DEC. Day 29 Year 1961

5. SEX MALE 6. COLOR OF RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-5-1901 9. AGE (last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) ELKO, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JACOB LEWIS 13b. MOTHER'S MAIDEN NAME JANIE MONTGOMERY 14. NAME OF HUSBAND OR WIFE BERTHA ELLEN LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 6-24-1918 - 1-13-'19 17. INFORMANT BERTHA LEWIS - Unionville Mo. Address: _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Compensated occlusion of immediate
DUE TO (b) arteriosclerosis & hypertensive
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) cardiac hypertrophy PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas L Judd 22b. ADDRESS Carver of Putnam Co Unionville Mo 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) 5 23b. DATE Dec 3, 61 23c. NAME OF CEMETERY OR CREMATORY SHIPLEY CEM. 23d. LOCATION (City, town, or county) PUTNAM Co Mo

24. FUNERAL DIRECTOR Ed Heated Unionville Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 1-2-62 26. REGISTRAR'S SIGNATURE Marvill Durbin

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 19 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 *Russell P. Pappas*

Licensed Embalmer No. 3792
P. O. Address Melan. 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.