

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047509

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 4

STATE FILE NUMBER

FILED JAN 8 1962

1. PLACE OF DEATH
 a. COUNTY **Scott**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Sikeston** Length of stay in 1b
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Hosp. DOA Mo. Delta Comm.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Scott**
 c. CITY OR TOWN **Blodgett** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Blodgett** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
GEORGE EARL LEWIS

4. DATE OF DEATH Month Day Year
December 27, 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **3-4-1895** 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 **Agriculture** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Franklin Lewis** 13b. MOTHER'S MAIDEN NAME **Lula Thompson** 14. NAME OF HUSBAND OR WIFE **Lillian Lewis**

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 **Howard Lewis, Albuquerque New Mexico** 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) **Myocardial Failure**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary Thrombosis**
 DUE TO (c) **Arteriosclerosis**
 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 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 **Dec. 9, 1961** to **Dec. 27, 1961** and last saw ^{him} alive on **Dec. 25, 1961**
 Death occurred at **9:45 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M. P. Bogan, D.O.** 22b. ADDRESS **Benton, Missouri** 22c. DATE SIGNED **1-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-29-1961** 23c. NAME OF CEMETERY OR CREMATORY **Blodgett Cemetery** 23d. LOCATION (City, town, or county) (State) **Blodgett, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Nannelee Funeral Chapel, Sikeston Mo.** 25. DATE RECD. BY LOCAL REG. **1-4-1962** 26. REGISTRAR'S SIGNATURE **Jeanette Waldman**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 18 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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Liberty, Mo.

Permit issued

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.