

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047578

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3 Primary Registration District No. 42-2d Registrar's No. 7

AMENDED FILED JAN 3 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY TEXAS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY TEXAS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Summerville		Length of stay in 1b	c. CITY OR TOWN Summerville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle Lewis Last Lewis			4. DATE OF DEATH Month 8 Day 31 Year 1961			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	
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) Eunice, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm. Wayne Lewis		13b. MOTHER'S MAIDEN NAME Susan Kell		14. NAME OF HUSBAND OR WIFE Minnie Lynch		
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 Minnie Lewis Summerville, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Acute Coronary Thrombosis DUE TO (c) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease					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.)				
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 8-28-61 to _____ and last saw him alive on 8-31-61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Dr. Raulo Hampton Do			22b. ADDRESS Summerville Mo		22c. DATE SIGNED 9-14-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-2-1961	23c. NAME OF CEMETERY OR CREMATORY Summerville CEM		23d. LOCATION (City, town, or county) (State) Summerville, MO		
24. FUNERAL DIRECTOR ADDRESS L. F. EVANS Houston, MO		25. DATE RECD. BY LOCAL REG. 12-30-61		26. REGISTRAR'S SIGNATURE Julia Powell		

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 STEPHEN E. ATKISSON, Student Embalmer No. 638

working under my personal supervision.

Student Stephen E. Atkisson
Signature of Student Embalmer

Signed Lowell C. Brown

Licensed Embalmer No. 4744

P. O. Address Wm. G. 100

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.