MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021753
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 4

FILED MAY 21 1962

1. PLACE OF DEATH
a. COUNTY Wayne
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Piedmont — Length of stay in Ib 2hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In Ambulance w/Dr. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Wayne
c. CITY OR TOWN Piedmont (Rural) — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Big Lake Community — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Gay Middle Rodger Last Lewis
4. DATE OF DEATH Month May Day 3 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 6 1912
9. AGE (last birthday) 49
IF UNDER 1 YEAR Months 7 Days 7
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Rosella, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Rev. Joel Lewis
13b. MOTHER'S MAIDEN NAME Annie Morten
14. NAME OF HUSBAND OR WIFE Lora Melton Allen Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Lora Lewis Address Piedmont, 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) MASSIVE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH 1½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE — 6-7 yrs
DUE TO (c)
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 5-3-62 to 5-3-62 and last saw him alive on 5-3-62
Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS Piedmont, Mo.
22c. DATE SIGNED 5-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 6 62
23c. NAME OF CEMETERY OR CREMATORY Green Hill
23d. LOCATION (City, town, or county) (State) Piedmont (Rural) Wayne Mo.

24. FUNERAL DIRECTOR William Cooke ADDRESS Piedmont Mo
25. DATE RECD. BY LOCAL REG. 5/10/62
26. REGISTRAR'S SIGNATURE Sheila Loveless

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1110		
2	1110		
3	1		
4	0		
5	1		
6			
7	0		
8	2		
9	4200		
10			
11			
12	91-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

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 Cyder Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cyder

Licensed Embalmer No. 3723

P. O. Address Pelham Mass.

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.