

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012552

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 20

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 19 1963**

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE No. _____ b. COUNTY <u>Newton</u>                         |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Stella, Missouri</u>   |                                  | Length of stay in 1b  | c. CITY OR TOWN <u>Seneca,</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Gladys</u> Middle <u>Estella</u> Last <u>Lewis</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>7</u> Year <u>1963</u>                                      |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-8-1908</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><u>54</u>   |
| 13a. FATHER'S NAME<br><u>Eugene Rosiere</u>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Piney Lewis</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   (If yes, give war or date)<br><u>NO</u>   |                                  | 16. SOCIAL SECURITY NO.   |   |
| 18. CAUSE OF DEATH (Enter only one cause)<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <u>Massive hemorrhage</u><br>DUE TO (b) <u>unobtainable</u><br>DUE TO (c) <u>multiple perforating</u><br><u>intestinal ulcers</u>              |                                  | 11. BIRTHPLACE (City and state or country)<br><u>Marion County, Kansas</u>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><u>United States</u>   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 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.)  |   |
| 21. I attended the deceased from <u>1960</u> to <u>March 7, 63</u> and last saw her <u>live</u> on <u>March 7, 63</u><br>Death occurred at <u>4:07 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22c. DATE SIGNED<br><u>3-12-63</u>  |   |
| 22a. SIGNATURE (Degree or title)<br><u>D. P. Fountain D.O.</u>   |                                  | 22b. ADDRESS<br><u>Roll Mo.</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |                                  | 23b. DATE<br><u>3-9-63</u>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Seneca Cemetery</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Seneca Mo.</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Biddlecome Funeral Home</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>3-13-63</u>  |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Mildred Moberly</u>  |                                  |   |   |

USE BLACK INK OR TYPEWRITER RIBBON

MAR 21 1963

REC'D - ALL. OF ILL.

**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

*Don R. Housh*

Licensed Embalmer No. 5113

P. O. Address \_\_\_\_\_

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.