MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012592
STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. 9 048 Registrar's No. 64

FILED MAR 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0745
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maryville — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: DAISY Middle: ETHEL Last: LEWIS

4. DATE OF DEATH: Month March Day 11 Year 1963

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-18-1886
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

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

13a. FATHER'S NAME: John E. Denham
13b. MOTHER'S MAIDEN NAME: Lucetty Farr
14. NAME OF HUSBAND OR WIFE: Charles Benjamin Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi: --
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Laura Anderson, Address: Stanberry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — Several years
DUE TO (c): Generalized arteriosclerosis with hypertension — Several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diverticulitis and Diverticulosis of sigmoid Colon with Fecal Bowel

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 Feb 18, 1963 to Mar 11, 1963 and last saw her/him alive on March 11, 1963.
Death occurred at 6:40 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. R. Jackson (Degree or title) M.D.
22b. ADDRESS: Maryville, Mo.
22c. DATE SIGNED: Mar 18, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: March 14, 1963
23c. NAME OF CEMETERY OR CREMATORY: Jennings Cem.
23d. LOCATION (City, town, or county) (State): Alanthus, Mo.

24. FUNERAL DIRECTOR: JOHNSON FUNERAL HOMES, ADDRESS: Stanberry, Mo.
25. DATE RECD. BY LOCAL REG.: 3-18-63
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1963

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 Charles Dean allen, Student Embalmer No. 671 working under my personal supervision.

Student Charles Dean allen
Signature of Student Embalmer

Signed Louis E. Johnson Sr.

Licensed Embalmer No. 4948

P. O. Address Stanberry 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.