

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-72-83-043343  
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 63-72-83-043343

**FILED NOV 27 1963**

DO NOT WRITE ON THIS STUB  
AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Dade</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greenfield</u>		Length of stay in 1b <u>22 yrs.</u>		c. CITY OR TOWN <u>Greenfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>508 Meng St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>508 Meng St.</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First Middle Last <u>Emma Ellen Lewis</u>		Month Day Year <u>Nov. 5, 1963</u>		<u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 11, 1875</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE (last birthday) <u>88</u>	
13a. FATHER'S NAME <u>James Baldon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bridgewater</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Jean Gann; Greenfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line)		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
PART I. DEATH WAS CAUSED BY:		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
IMMEDIATE CAUSE (a) <u>Coronary Heart Disease</u>		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
DUE TO (b) <u>Arteriosclerosis</u>		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
DUE TO (c)		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
PART III. If deceased was female was there a pregnancy in last 90 days.		11. BIRTHPLACE (City and state or country) <u>Hancock Co., Ill.</u>		12. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Lewis</u>	
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 <u>Feb 1, 1961</u> to <u>Nov 5, 1963</u> and last saw her alive on <u>Nov 4, 1963</u>		21. I attended the deceased from <u>Feb 1, 1961</u> to <u>Nov 5, 1963</u> and last saw her alive on <u>Nov 4, 1963</u>		21. I attended the deceased from <u>Feb 1, 1961</u> to <u>Nov 5, 1963</u> and last saw her alive on <u>Nov 4, 1963</u>	
22a. SIGNATURE (Degree or title) <u>Lee A. Mc Neal, Jr. M.D.</u>		22b. ADDRESS <u>Greenfield, Mo.</u>		22c. DATE SIGNED <u>11-7-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 7, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>	
23d. LOCATION (City, town, or county) <u>Greenfield, Mo.</u>		23e. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>		23f. LOCATION (City, town, or county) <u>Greenfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. C. Canada; Greenfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/18/1963</u>		26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON  
Lee A. Mc Neal, Jr., M.D.

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.