

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049078

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 213

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED DEC 26 1963

VS 300
Rev. 4/59

1 0880
2 3778
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4 0
5 0
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9 795.4
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12 86-8
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Huntsville</u> Length of stay in 1b <u>18 days</u> | | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Montgomery Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>4931 Prospect St.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>LUTHER CLYDE LEWIS</u> | | | 4. DATE OF DEATH <u>Dec - 19 - 1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/22/1890</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mo. Pacific RR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Machinists</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>H. Tom Lewis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary F. Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>None</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. | 17. INFORMANT <u>Maudy Acree Moberly Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be Natural Cause</u> DUE TO (b) <u>Given prior to death had called Dr. Prior to death several times</u> DUE TO (c) <u>had not been under Dr Care</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>10:10 AM</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Adonna Patterson</u> | | 22b. ADDRESS <u>Huntsville Mo</u> | 22c. DATE SIGNED <u>12-23-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/21/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Clark, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home, Moberly Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-21-63</u> | 26. REGISTRAR'S SIGNATURE <u>Adonna Patterson</u> |

(Licensed Embalmer's Statement on Reverse Side)

PROVIDENT

SEP 26 03 1973

8113

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4297

8-58

Burial permit not requested

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 *Jerry R. Carter*

Licensed Embalmer No. 4906

P. O. Address *Moberly, 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.