

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031646

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 209

FILED SEP 13 1965

VS 300
Rev. 4/59

1 1425
2 0421

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4 0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | |
|---|--|---|--|---|--------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | | Length of stay in 1b 1 1/2 weeks | | c. CITY OR TOWN Windsor | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 704 W. Benton St. | |
| 3. NAME OF DECEASED (Type or print) OTHA WASHINGTON LEWIS | | | | | | 4. DATE OF DEATH Month September Day 4 Year 1965 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 7-21-1894 | |
| 9. AGE (last birthday) 71 | | IF UNDER 1 YEAR Months Days Hours Min. | | 11. BIRTHPLACE (City and state or country) Pettis co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | |
| 13a. FATHER'S NAME Alonzo Lewis | | | | 13b. MOTHER'S MAIDEN NAME Merica Bradford | | 14. NAME OF HUSBAND OR WIFE Edna Lewis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I | | | | 16. SOCIAL SECURITY NO. 487-01-4036 | | 17. INFORMANT Mrs. Edna Lewis Windsor, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) medullary neoplasm | | | | | | | months |
| DUE TO (b) congestive heart failure | | | | | | | 7 days |
| DUE TO (c) acute inferior wall myocardial infarction | | | | | | | 22 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertension, E. Deanna, Shoop | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 8/23/65 to 9/4/65 and last saw her alive on 9/4/65 Death occurred at 8:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>James C. Clouse Do</i> | | | | 22b. ADDRESS 105 E. Ohio Clinton, Mo | | 22c. DATE SIGNED 9/15/65 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-6-1965 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery | | 23d. LOCATION (City, town, or county) (State) Windsor, Mo. | |
| 24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 9-9-65 | | 26. REGISTRAR'S SIGNATURE <i>Mildred Begins</i> (MFB) | |

USE BLACK INK OR TYPEWRITER RIBBON

SEP 17 1965
SEP 14 1965

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 Clifford Louze

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.