

FILED JUN 2 1969

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 164

DO NOT WRITE ON THIS STUB

9. 1
10a. 67
10b.
11. 0
12. 2
13. 4139
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0421
5. 03

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED - IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Edna Mae Lewis			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 23, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White			AGE—LAST BIRTHDAY (YEARS) 5a. 67	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 11-26-1901
CITY, TOWN, OR LOCATION OF DEATH 7a. Windsor, Mo.			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Windsor Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri			CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	
SOCIAL SECURITY NUMBER 12. 486-07-0597			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired Shoe Factory Worker		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Missouri		CITY, TOWN, OR LOCATION 14b. Henry	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes		STREET AND NUMBER 14c. 704 W. Benton Street	
FATHER—NAME 15. Walter Edward Smith			MOTHER—MAIDEN NAME 16. Nora Melinda Hunt			
INFORMANT—NAME 17a. Rozena S. Housworth			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 704 W. Benton St. Windsor Mo. 65360			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE (a) Myocardial Ischemia DUE TO, OR AS A CONSEQUENCE OF: (b) Angina Pectoris DUE TO, OR AS A CONSEQUENCE OF: (c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		AUTOPSY (YES OR NO) 19a. No	
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM		MONTH DAY YEAR 3 1 69	TO 21b. 5 22 69	AND LAST SAW HIM/HER ALIVE ON 21c. MONTH DAY YEAR 5-2-69	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. YES.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 2:15p.m.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
CERTIFIER—NAME (TYPE OR PRINT) 23a. DR Windsor			SIGNATURE 23b. <i>[Signature]</i>		DEGREE OR TITLE 23c. DD	DATE SIGNED (MONTH, DAY, YEAR) 23d. 5-24-69
MAILING ADDRESS—CERTIFIER 23d. Windsor Mo.			STREET OR R.F.D. NO. 23e.		CITY OR TOWN 23f.	STATE 23g.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Laurel Oak Cemetery		LOCATION 24c. Windsor Missouri		
DATE (MONTH, DAY, YEAR) 24d. May 25 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Gouge Funeral Home - 301 W. Benton, Windsor, Mo.				
FUNERAL DIRECTOR—SIGNATURE 25. <i>[Signature]</i>			REGISTRAR—SIGNATURE 25. <i>[Signature]</i>		DATE RECEIVED BY LOCAL REGISTRAR 25. May 27, 1969	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

600 - 9 NOV 57

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 Gouge

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.