

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020892  
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u> <sup>0105</sup> <sub>0</sub> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>205 N. 4th St.</u> Length of stay in Ib <u>9 years</u>		d. STREET ADDRESS (If outside, give location) <u>205 N-4th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Willa Mae Lewis</u> <small>First Middle Last</small>		4. DATE OF DEATH <u>June 13, 1958</u> <small>Month Day Year</small>	
5. SEX <u>f</u>	6. COLOR OR RACE <u>negro</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>July 30, 1924</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>maid</u>		9b. AGE (In years last birthday) <u>33 1/2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boone County Mo</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Ruben Lewis</u>		14. MOTHER'S MAIDEN NAME <u>Mildred Hanning</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>Mildred Jackson, Columbia, Mo.</u> <small>Address</small>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Guns shot - severing spinal cord and fracturing cervical vertebrae</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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.) <u>home</u>	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. Johnson Neal M.D.</u> <small>(Degree or title)</small>		22b. ADDRESS <u>Columbia, Mo.</u>	
22c. DATE SIGNED <u>6/14/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 18, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u> ADDRESS _____		25. DATE REC'D. BY LOCAL REG. <u>June 16, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must be causally related. Coroner certificate if possible. All symptoms will be listed. All information in item 18. NO symptoms will be listed. All information in Part I must be causally related.

JUN 23 1958

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 *George H. Green*

Licensed Embalmer No. *42*

P. O. Address *Muskegon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.