

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038972
STATE FILE NUMBER
1306

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1306

FILED DEC 15 1958

1. PLACE OF DEATH a. COUNTY Suchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Union Star
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in 1b 30 days	d. STREET ADDRESS 0320
3. NAME OF DECEASED (Type or print) Getha A. Lewis		First Middle Last	4. DATE OF DEATH Dec. 4, 1958

5. SEX Female	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 Feb. 23, 1886	9. AGE (In years last birthday) 72	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Flag Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William H. Sharp	13b. MOTHER'S MAIDEN NAME Louisa Farrington	14. NAME OF HUSBAND OR WIFE Charles W. Lewis	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-42-4980	17. INFORMANT Charles Lewis	Address Union Star, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH Minutes Intermittent for days years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ventricular Tachycardia	
	DUE TO (c) arteriosclerotic, and Rheumatic Heart Disease with aortic stenosis and insufficiency	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary infarction; left. Coronary superimposed Myocardial infarction		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.) Myocardial infarction
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

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 Union Star	COUNTY DeKalb	STATE Missouri
21. I attended the deceased from 11/8/58 , to 12/4/58 and last saw her ^{her} _{him} alive on 12/4/58 Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Ray G. Potter, Jr., M.D.	(Degree or title)	22b. ADDRESS Phy. & Surg. Bldg.-St. Joseph, Mo.	22c. DATE SIGNED 12/5/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Union Star	23d. LOCATION (City, town, or county) (State) Union Star, Missouri
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24. FUNERAL DIRECTOR Wm. O. Clark	ADDRESS King City, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 8, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

Dr. Caryl A. Potter, Jr.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Attribution in Part I must be causally related.

VS
OCT 21 1938

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 *Palmer D. Clark*

Licensed Embalmer No. *4477*
P. O. Address *King City 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.