

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-012395
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY De Kalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Union Star Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.,		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 0320
3. NAME OF DECEASED (Type or print) First Middle Last Charles W. Lewis			4. DATE OF DEATH Month Day Year April 10, 1959
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1883
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and state or country) Clarksdale, Mo.,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Self employed	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME W.T. Lewis		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Getha A. 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.	17. INFORMANT Keith Lewis Address Union Star, Mo.,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock and uremia			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Burns, 12, 20 - generalized			24 hours
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year o.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 032 COUNTY STATE
21. I attended the deceased from 4/9/59 to 4/10/59 and last saw him alive on 4/10/59 Death occurred at 6:45 4/10/59 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 420 N. 8 th St. Joplin, Mo.	22c. DATE SIGNED 4/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Union Star,	23d. LOCATION (City, town, or county) (State) Union Star, Missouri
24. FUNERAL DIRECTOR Roland D. Clark ADDRESS King City, Mo.		25. DATE RECD. BY LOCAL REG. April 15, 1959	26. REGISTRAR'S SIGNATURE Wm. Clark Standell

All diseases in Part I must be causally related.

DR. JOHN F. O'BRYEN
FOR SIGNATURE
USE ONE OF BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 22 11.

OCT 20 1959

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 *Richard W. Clark*

Licensed Embalmer No. *4477*
P. O. Address *Spring 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.