

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002347

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED FEB 5 1963**

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>LEWIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LEWISTOWN</b>		Length of stay in 1b <b>XXXXXXX</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>XXXXXXXXXX X X X X X</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LeROY</b>		4. DATE OF DEATH Month <b>JANUARY</b> Day <b>28</b> , Year <b>1963</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/2/91</b>	
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	
11. BIRTHPLACE (City and state or country) <b>LEWIS COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>HIRAM STRETCH</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH PITTSFORD</b>	
14. NAME OF HUSBAND OR WIFE <b>HAZEL RICHMOND STRETCH</b>		17. INFORMANT <b>HAZEL STRETCH, LEWISTOWN, MO.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXXXX</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Embolism</b> DUE TO (b) <b>Toxemia</b> DUE TO (c) <b>Intestinal obstruction (Small Bowel)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b> <b>5 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hernia, Asthma, Svc. over weight</b>		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 _____ a.m. _____ 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 <b>June 1954</b> to <b>28 Jan 63</b> and last saw him alive on <b>28 Jan 63</b> Death occurred at <b>D. O. A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John W. Wells</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>LEWISTOWN, MISSOURI</b>	
22c. DATE SIGNED <b>1/30/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>1/30/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>LEWISTOWN</b>	
23d. LOCATION (City, town, or county) (State) <b>LEWISTOWN, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>2-1-'63</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>		27. UNERAL DIRECTOR <b>Charles L. Arnold</b> ADDRESS <b>LEWISTOWN, MO.</b>	

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

**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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.