						SION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 63-015802
DE				FPL		Registration District No. Primary Registration District No. 3508 4214 STATE FILE NUMBER
DO NOT WRITE ON THIS STUB		AM	ENDI	D		FILED APR 2 3 1983
VS 300 Rev. 4/59		3			 	a. COUNTY  B. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY HENRY admission)  Inside Limits
	1	AMEINDED .			l_	TOWN DEEPWATER 60 YRS TOWN DEEPWATER YES DE NO E
10420 20420	_   u				_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  Inside Limits  d. STREET ADDRESS  (If outside, give location) Yes No []  Yes No []
3					7	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) GUSSIE R. LEWIS DEATH APRIL 14 196
5 2					-5	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24  Widowed P Divorced 12/11-188 81 Months Days Hours Mir
6	S/A/S				10	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NONC  WEAR WHEATLAND MO.  U.S.A.
7 0						BENJAMIN ROTH ALICE ANN REENE GUILLA A. LEWIS
<u>* Z</u>	- 8	ı				5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (es, no, or unknown)   (if yes, give war or dates of service)
99160	_ 끭				l _	(es, no, or unknown) (If yes, give war or dates of service) NONE BUD LEWIS DEEPWATER MO
10 Ĭ.6		ı		S S		PART I. DEATH WAS CAUSED BY:
11	8 8	5		DOCUMEN		IMMEDIATE CAUSE (a) MSPATE ON 4 3 - degree Dura Immed
12 90-0	IS RECO			ğ		Conditions, if any, which gave rise to above cause (a), stating, the under-
13/ 1	릭되	-	1			lying cause last 1 DUF ICI (C)
13/ -0	F ⁼ ∃z	=			z	lying cause last.) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal PART III. If deceased was female.
13/ -0		-			ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART II. If deceased was female, there a pregnency in last 90 deceased.
13/ -0		=			TIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)  PART III. If deceased was female. there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female. There a pregnancy in last 90 disease condition given in PART I (a)
-					AL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnency in last 90 disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES   NO
-	F ⁼ ∃z	Ē.,			EDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I or PART II of item 18.)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I or PART II of item 18.)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I or PART II of item 18.)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I or PART II of item 18.)
RIBBON	AMENDMENTS ON TI	-			ICAL CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (b)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (c)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (c)  PART III. If deceased was female there a pregnancy in last 90 disease condition given in last 90 disease condition
RIBBON	AMENDMENTS ON TI	-			ICAL CERTIF	PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)  PART III. If deceased was female, there a pregnency in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pregnency in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pregnency in last 90 disease condition given in PART I or PART II of Item 18.)  PART III. If deceased was female, there a pregnency in last 90 disease condition given in PART I or PART II or PAR
RIBBON	AMENDMENTS ON TI	-	,		ICAL CERTIF	PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)  PART III. If deceased was female, there a pragnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pragnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pragnancy in last 90 disease condition given in PART I or PART II of Item 18.)  PART III. If deceased was female, there a pragnancy in last 90 disease condition given in PART I or PART II of Item 18.)  PART III. If deceased was female, there a pragnancy in last 90 disease condition given in PART I or PART II of Item 18.)  PART III. If deceased was female, there a pragnancy in last 90 disease condition given in PART I or PART II of Item 18.)  PART III. If deceased was female there a pragnancy in last 90 disease condition given in last 90 disease condition given in PART II or PART II or PART II of Item 18.)  PART III. If deceased was female there a pragnancy in last 90 disease condition given in last 90 disease cond
INK		-	,	VIT OF	ICAL CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART I (a)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female, there a pregnancy in last 90 disease condition given in PART II of Item 18.)  PART III. If deceased was female.
RIBBON	AMENDMENTS ON TI		,		ICAL CERTIF	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 NO PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK PERFORMED.  20d. INJURY 0CCURRED Form, factory, street, office bidg., etc.) YES PERFORMED? YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORMED. YES NO PART II of item 18.) YES N
RIBBON	AMENDMENTS ON TI	STORES AND	,	BY AFFIDAVIT OF	M WEDICAL CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART I (a)    PART III. If deceased was there a pregnancy in last 90 disease condition given in PART I (a)    Yes

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STATEMENT BY LICENSED EMBALMER

I hereby certi	ify that the body whose nar	ne is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under my po	ersonal supervision.	61 15 D
Student	gnature of Student Embalmer	Signed # CANA CA FERMALUM
31	gnature of Student Embaimer	P. O. Address Pauli Sugg

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.

Rught Bert Lands

If this body is not embalmed, fact should be so stated above. --

Carry Commence of the

Friedrich and Albertage

(displayed)