

FILED MAY 6 1969

124

STATE FILE NUMBER 69 0017104

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 58
10b. 4.0940
11. 0
12. 0
13. 1519
14. 6.0940
15. 9
16. 6.0940
17. 2
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 316		Primary Registration District No. 6075		Registrar's No. 144	
DECEASED—NAME FIRST MIDDLE LAST 1. Edrei Olen Lewis			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 2, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 58	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) November 8, 1910
CITY, TOWN, OR LOCATION OF DEATH 6. St. Francois Twp. Farmington-rural		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Mineral Area Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Single	
SOCIAL SECURITY NUMBER 11. 494-56-3508		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12.		KIND OF BUSINESS OR INDUSTRY 13.	
RESIDENCE—STATE COUNTY 14. Missouri St. Francois		CITY, TOWN, OR LOCATION 15. Doe Run		INSIDE CITY LIMITS (SPECIFY YES OR NO) 16. Yes	
FATHER—NAME FIRST MIDDLE LAST 17. Joel Lewis		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 18. Anna Morton			
INFORMANT—NAME 19. Luiea Skaggs			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20. Doe Run, Missouri. 63637		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE (a) Myocardial Failure					Sudden
DUE TO, OR AS A CONSEQUENCE OF: (b) Generalized Carcinomatosis					4 months
DUE TO, OR AS A CONSEQUENCE OF: (c) Carcinoma of Stomach					Approx. 1 year
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
DATE OF INJURY (MONTH, DAY, YEAR) 20b.		HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.			
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.					
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM Feb. 25-1969 TO May 2-1969		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21b. May 2-1969		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21c. Did Not	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b.		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR 22c.	
CERTIFIER—NAME (TYPE OR PRINT) 23a. L. M. Stanfield, D.O.		SIGNATURE 23b. L. M. Stanfield		DEGREE OR TITLE 23c. May 3-1969	
MAILING ADDRESS—CERTIFIER 23d. 4 East Harrison, St. Francois, Missouri		STREET OR R.F.D. NO. CITY OR TOWN STATE 23e.		STATE ZIP 23f. 63640	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Big Creek Cemetery		LOCATION CITY OR TOWN STATE 24c. Iron County, Missouri	
DATE 24d. May 4, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Miller Funeral Home, Inc. 115 W. Columbia, Farmington, Mo. 63640			
FUNERAL DIRECTOR—SIGNATURE 25a. Earl J. Miller		REGISTRAR—SIGNATURE 25b. Esther Matthews		DATE RECEIVED BY LOCAL REGISTRAR 25c. May 3, 1969	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.