

FILED

DEC 22 1970

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CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 624

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Ethel M. Lewis		Female	Dec. 4, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 80	6. Jan 25, 1890	7a. Cape Girardeau
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Jackson		7c. Yes	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Mo.		9. USA	10. Widowed
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. Unknown		13a. Housewife	13b. Home
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Mo.	14b. Cape Girardeau	14c. Cape Girardeau	14d. 800 N. Kingshighway
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. J. L. Miller		16. Martha King	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mr Francis Lewis		17b. 1212 Sailer Circle Cape Girardeau Mo.	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) Arteriosclerotic Heart Disease			3 yrs.
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
Cerebral Thrombosis			19a. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 11-12-65 TO 12-4-70		AND LAST SAW HER ALIVE ON 11-24-70	DID/DID NOT VIEW THE BODY AFTER DEATH 21a. 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.		HOUR OF DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. CERTIFIER—NAME (TYPE OR PRINT) J.N. JAEGER, M.D.		22b. SIGNATURE J.N. Jaeger, M.D.	22c. DATE SIGNED (MONTH, DAY, YEAR) Dec 5, 1970
23a. MAILING ADDRESS 208 SO. HIGH ST.		23b. CITY OR TOWN JACKSON MO.	23c. STATE MO. ZIP 63755
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	24b. Memorial Park	24c. Cape Girardeau, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
24d. Dec. 6, 1970	24e. Brinkopf Howell	24f. 536 Broadway Cape Girardeau Mo.	
FUNERAL DIRECTOR—SIGNATURE		REGISTERAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. [Signature]		25b. [Signature]	25c. 12-17-70

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

6. 0168

PARENTS

CAUSE

CERTIFIER

BURIAL

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

9. 1
10a. 80
10b.
11. 0
12. 2
13. 4123
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0