

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024835

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No.

52

Primary Registration District No.

Registrar's No.

405

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>			c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sputheast Hospital</u>			Length of stay in lb <u>20 yr</u>		d. STREET ADDRESS (If outside, give location) <u>819 West Cape Rock Drive</u>
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Lewis</u> Last <u>Lewis</u>			4. DATE OF DEATH Month <u>July</u> Day <u>22</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 16 1881</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President of Wimpy's</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drive and Inn</u>		11. BIRTHPLACE (City and state or country) <u>Annapolis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Billy Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Abigail Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Lewis</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>95-16-7579</u>	
17. INFORMANT Address <u>Mrs Ethel Lewis, Cape Gir Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremic Intoxication</u> DUE TO (b) <u>Chronic Vascular - Renal</u> DUE TO (c) <u>Leukemia - (Chronic pulmonary disease) (Bronchiectasis)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>			
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 <u>6:15 P.M.</u> Month, Day, Year <u>April 29th '58</u>					
20d. INJURY OCCURRED WHILE AT <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 <u>Cape Girardeau Mo.</u>	
21. I attended the deceased from <u>April 29th '58</u> to <u>July 22nd '58</u> and last saw him alive on <u>July 22, 1958</u> Death occurred at <u>S. E. Hospital 6:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE <u>Charles M. Estes M.D.</u>		21b. ADDRESS <u>714 Broadway, Cape Girardeau Mo.</u>		21c. DATE SIGNED <u>7/26/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7:24- 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
23d. LOCATION (City, town, or county) <u>Cape Girardeau Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>August 2, 1958</u>			
23f. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>		23g. FUNERAL DIRECTOR <u>Brinkopf Howell, Cape Gir Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 12 1959

JUN 9 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 W. H. E. T. S.

Licensed Embalmer No. 3568
P. O. Address Depe H. M.

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.