

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **387121**
4852

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>6</u> years | | d. STREET ADDRESS (If rural, give location) <u>2710 E. 35th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Restorium</u> | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>A</u> c. (Last) <u>LEWIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1950</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | |
| 8. DATE OF BIRTH <u>April 20, 1871</u> | | 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Oswego, Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Samuel E. Mills</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Corwin</u> | | 14. NAME OF HUSBAND OR WIFE <u>William S. Lewis</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>?</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bernice Mach, 2710 E. 35th K.C. Mo</u> | |

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|---|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| | | I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Hypertensive pneumonia</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smoking, emphysema</u> | | | | | |

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|--|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Hypertension</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |

22. I hereby certify that I attended the deceased from 10-31-48, 1948, to 11-17, 1950, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

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|---|--|---|----------------------------------|---|----------------------------------|---|--|
| 23a. SIGNATURE <u>Helen M. Henery</u> (Degree or title) <u>W.O.</u> | | | 23b. ADDRESS <u>205 Garfield</u> | | 23c. DATE SIGNED <u>11-18-50</u> | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>November 21, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Honett, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>11-18-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME 2315 Linwood K.C. 3 Mo</u> | | | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Chas E. Wilks

Signed.....

Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *H. P. MO*

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