

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 585  
4820

BIRTH NO. 8140-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 585

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>2343 Mercier Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLADYS</b>			b. (Middle) <b>CORNELIA</b>			c. (Last) <b>LEWIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 5 1951</b>		
5. SEX <b>FEMALE-3</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>JANUARY 30 1951</b>			9. AGE (In years last birthday) IF UNDER 1 YEAR <b>6</b>		IF UNDER 1 YEAR Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>FRANK LEWIS</b>			13b. MOTHER'S MAIDEN NAME <b>GLADYS MERCIER</b>			14. NAME OF HUSBAND OR WIFE <b>INFANT</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>INFANT</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>FRANK LEWIS</b>			ADDRESS <b>2343 Mercier</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHO PNEUMONIA</b>							<b>7630</b>	
		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.								
		<b>PULMONARY ATELECTASIS</b>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 2-4-, 19 51 to 2-5-, 19 51, that I last saw the deceased alive on 2-5-, 19 51 and that death occurred at 11:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Ellis</b>		(Degree or title) <b>MD.</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>2-8-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb 8, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>West Lawn Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
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DATE REC'D BY LOCAL REG. <b>2-8-51</b>		REGISTRAR'S SIGNATURE <b>Deraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin Davis</b>			ADDRESS <b>1513 Trent</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Student Embalmer

Signed

~~4417~~ *C. E. Davis*

Licensed Embalmer No. 4417

P. O. Address Kansas City, 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.