

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27032**
3299BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 23 days	c. CITY (If outside corporate limits, write RURAL and give township) Houstonia Missouri		d. STREET ADDRESS (If rural, give location) X 0480
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) B. c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1951		
5. SEX Fe	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never mar	8. DATE OF BIRTH Sept. 2, 1883	9. AGE (In years last birthday) 67	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Houstonia Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert Lewis		13b. MOTHER'S MAIDEN NAME Cynthia		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Cleo Smith, nephew		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiorenal disease Myocarditis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Generalized Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 44
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.	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 7-19, 1951 , to 8-1-51 , that I last saw the deceased alive on 8-1-51 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE D. W. B. BANNER MD (Degree of title)			23b. ADDRESS 1512 N. State St.		23c. DATE SIGNED 8-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8-1-51	24c. NAME OF CEMETERY OR CREMATORY Houstonia Mo	24d. LOCATION (City, town, or county) (State) Houstonia Mo		
DATE REC'D BY LOCAL REG 8-1-51	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wethroak Houstonia Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 30 1972

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

Student Embalmer

Signed.....

Licensed Embalmer No. 3987

P. O. Address: Houstonia

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.