

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5113

State File No.

FILED MAR 8 1952

804

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

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 2836</u>		
c. LENGTH OF STAY (in this place) <u>75 years</u>			d. STREET ADDRESS (If rural, give location) <u>5 East 62 Terr</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 East 62 Terr</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1952</u>		
---	--	--	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 12 - 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YRS. Hour Min.
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired President & Storage Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Federal VAN & Storage Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cleveland Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>IRA Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>LORIS BARSTON</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCIS MARY Lewis</u>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-14-4274</u>	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Col. Wofford E. Lewis 5 East 62 Terr KC, Mo</u>
---	---	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>			<u>15 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) <u>Hypertension</u>			<u>6 yrs</u> <u>15 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mel. 52y</u>		<u>5 yrs</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cerebral arterio-sclerosis</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)	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 10:42 to Feb 19, 1952 that I last saw the deceased alive on 2-19, 1952 and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Don Carlos Peete</u> (Degree or title)	23b. ADDRESS <u>1500 Prof Bldg</u>	23c. DATE SIGNED <u>2-20-52</u>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>E. Lincoln</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-20-52</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE (33) <u>DW. Munkis</u>	ADDRESS <u>Kansas City</u>
---	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1500 Prof Belg.

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 Charles H Stickerney

Licensed Embalmer No. 4560

P. O. Address K.C. 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.