

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

SEP 8 1952

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5287 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fishing River 1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs 1240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Adams Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Ridgeway Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>JANE</u> c. (Last) <u>LEWIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 10, 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Halsey</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda Sisco</u>		14. NAME OF HUSBAND OR WIFE <u>John Lewis, deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Cross, Kibler St. Excelsior</u>		ADDRESS <u>Excelsior Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture of hip</u> DUE TO (c) <u>Fall in home</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient was blind and age 90 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>124</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs Clay Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 10 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Patient fell at home</u>	
22. I hereby certify that I attended the deceased from <u>July 1952</u> , 19 <u>52</u> to <u>8-27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>52</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lerton Dawson M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo.</u>	
23c. DATE SIGNED <u>8-28-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 29/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope, Excelsior</u>	
REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		ADDRESS <u>Excelsior Springs 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Chas Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Exelsior Springs*

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.