No. 300
10.48

8-15-52
FILED AUG 15 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28146

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3519

**1. PLACE OF DEATH**
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital #2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 3328
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
d. STREET ADDRESS (If rural, give location): 20th Prospect, Unit 3C

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lillie
b. (Middle): Bell
c. (Last): Lewis

**4. DATE OF DEATH** (Month): 8 (Day): 4 (Year): 52

**5. SEX**: Female 2
**6. COLOR OR RACE**: N egro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 10-9-97
**9. AGE** (In years last birthday): 54 — 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): Maid
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Longview, Texas
**12. CITIZEN OF WHAT COUNTRY?**: America

**13a. FATHER'S NAME**: Robert Johnson
**13b. MOTHER'S MAIDEN NAME**: Mary Thompson
**14. NAME OF HUSBAND OR WIFE**: ? —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 496-09-7520
**17. INFORMANT'S SIGNATURE OR NAME**: Aretha Warren — ADDRESS: Kansas City, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____ — 260X

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Heart Disease with Cardiac Failure

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 7-16-52, *19*____, *to* 8-4-52, *19*____, *that I last saw the deceased alive on* 8-4-52, *19*____, *and that death occurred at* 4:55 a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** E. Frank Ellis (Degree or title) MD
**23b. ADDRESS**: 600 East 22nd Street
**23c. DATE SIGNED**: 8-6-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug-8-52
**24c. NAME OF CEMETERY OR CREMATORY**: Lincoln Cemetery
**24d. LOCATION** (City, town, or county) (State): K.C. Mo

DATE REC'D BY LOCAL REG.: 8-6-52
REGISTRAR'S SIGNATURE: Geralding Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: West, Appleton + Jones K.C. Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed C. H. Frost

Licensed Embalmer No. 2210

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.