

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **706**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3291 Registrar's No. 4

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u> <u>3708</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>4202 Roanoke</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delmer</u> b. (Middle) <u>H.</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9-53</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. 10-1884</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assessor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tax</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Unk. Lewis</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Fleming</u>		14. NAME OF HUSBAND OR WIFE <u>Addie Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Addie Lewis</u> ADDRESS <u>Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>			<u>years</u>
DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Haemorrhage</u>			<u>4 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>#201</u>	
20. AUTOPSY? YES <input 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 <u>July, 1952</u> , to _____, 19____, that I last saw the deceased alive on <u>Jan 8, 1953</u> , and that death occurred at <u>3 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. G. Gadsden M.D. Liberty Mo</u>		23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>1/9/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 9-1953</u>		REGISTRAR'S SIGNATURE <u>Missie Hayes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles - Archer Liberty Mo</u>
ADDRESS <u>64-0</u>		ADDRESS <u>Liberty Mo</u>	

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

5000  
5

**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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.