

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1516
439 Registrar's No.

BIRTH NO. FEB 14 1952

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Kansas City, Mo. Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo. 12th		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Dodge, Iowa 8140	
c. LENGTH OF STAY (In this place) 1 month		d. STREET ADDRESS (If rural, give location) 616 S. 12th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Devine Bros. Foundation Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Henry W. Lex b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1/23/53		
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH 9/1/1878	9. AGE (In years) (Specify birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Real Estate - Ins.	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Lex	13b. MOTHER'S MAIDEN NAME Gertrude Mary Spoo	14. NAME OF HUSBAND OR WIFE Anna Lex
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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. none	17. INFORMANT'S SIGNATURE OR NAME N.T. Lex	ADDRESS Des Moines, Iowa
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		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) Hydronephrosis with Hematuria DUE TO (c) Urinary retention and prostate enlargement.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 1/20/53	19b. MAJOR FINDINGS OF OPERATION Bladder full of blood - Hydronephrosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/30 1952, to 1/23 1953, that I last saw the deceased alive on 1/23/53, 1953, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Devine	(Degree or title)	23b. ADDRESS 20918 Oak	23c. DATE SIGNED Jan 28 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN. 23. 1953	24c. NAME OF CEMETERY OR CREMATORY CORPUS CHRISTIE CEM.	24d. LOCATION (City, town, or county) (State) FORT DODGE IOWA
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DATE REC'D BY LOCAL REG. 1-23-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer	ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *4812*.....

P. O. Address *Kansas City, 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.