

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43028**
5927

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 YEARS		e. STREET ADDRESS (If rural, give location) 5730 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) WAYNE	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) 12 16 1953
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5. SEX D MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH JULY 5 - 1894	9. AGE (In years last birthday) (Specify) 59	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 45 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ATTORNEY	10b. KIND OF BUSINESS OR INDUSTRY SCARRITT BLDG.	11. BIRTHPLACE (City and State or Foreign Country) NEAR ASTORIA MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE LEWIS	13b. MOTHER'S MAIDEN NAME ISABELLE LEWIS	14. NAME OF HUSBAND OR WIFE --
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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 MRS. CELAH RAYBORN	ADDRESS 5730 FOREST AVE KANSAS CITY MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriolar nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH 296X
	ANTECEDENT CAUSES DUE TO (b) Hypertensive anaphylactoid hemorrhagic diathysis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 Nov. 21, 1953, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 12-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 18, 1953	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12-18-53	REGISTRAR'S SIGNATURE Guadalupe Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomb	ADDRESS 331 BRUSH 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Rosert J. Boyer*.....

Licensed Embalmer No. *4892*.....

P. O. Address *K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.