THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1624

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): 709 W. Truman 700 S

3. NAME OF DECEASED (Type or Print)
a. (First): Olia b. (Middle): Virginia c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 6, 1878
9. AGE (In years last birthday): 75 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and State or Foreign Country): Lamonte, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sandy P. Huff
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Elsworth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Elsworth Lewis, Independence, Mo.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked generalized Arteriosclerosis — Chronic
DUE TO (c) Hypertension — Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Aggravation old fracture left hip — 1 week
Pulmonary Congestion — 2d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X F
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Independence Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 15 1954 2:A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Evidently first had stroke then injured hip while falling

22. *I hereby certify that I attended the deceased from* Jan 15, 1954, *to* Jan 22, 1954, *that I last saw the deceased alive on* Jan 22, 1954, *and that death occurred at* 5:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Hickman M.D.
23b. ADDRESS: North Sarah Bldg Independence, Mo.
23c. DATE SIGNED: 1/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/25/54
24c. NAME OF CEMETERY OR CREMATORY: Lamonte Cem.
24d. LOCATION (City, town, or county) (State): Lamonte, Mo.

DATE REC'D BY LOCAL REG.: 1-25-54
REGISTRAR'S SIGNATURE: [signature] 354-
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geo C Carson Independence, Mo.

(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 Tom D. Marbland

Licensed Embalmer No. 4592

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.