

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19033

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 2517

1. PLACE OF DEATH a. COUNTY <u>Jackson</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) OR TOWN <u>Kansas City, 2 mo</u>		c. CITY OR TOWN <u>Holden</u>	
c. LENGTH OF STAY (in this place) <u>2 mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Holden Mo. 0510</u>	
3. NAME OF DECEASED a. (First) <u>Ernest</u> b. (Middle) <u>E</u> c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9-11-1867</u>
9. AGE (in years) (Month) (Day) <u>86 8 27</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holden, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13a. FATHER'S NAME <u>Thomas Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelle Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Isabelle 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Isabelle Lewis</u> ADDRESS <u>Holden, 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>Cardiac Failure</u>		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) <u>Gangrene of Colon</u>		4-9-54
DUE TO <u>mesenteric vascular occlusion</u>		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 <u>Gangrene of Rt Half of Colon</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) m.	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>4-9</u> , 19 <u>54</u> , to <u>6-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-4</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Joseph H. Prutz M.D.</u> (Degree or title)		23b. ADDRESS <u>701 E 63</u>		23c. DATE SIGNED <u>6-4-54</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 7 '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Holden Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-4-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad Hogg</u> ADDRESS <u>Holden Mo.</u>

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

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2-11-50

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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.....
W. P. Enaday

Licensed Embalmer No. *378*

P. O. Address *Hialeah*

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.