

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41385

State File No. ....

FILED DEC 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 224

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 town) <u>LEES SUMMIT</u> c. LENGTH OF STAY (in this place) <u>2 YRS</u>		c. CITY OR TOWN <u>LEES SUMMIT</u> d. Is Residence within limits of a city or incorporated town? <u>No</u> No. <u>7001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOME (COL)</u>		No. STREET ADDRESS (If rural, give location) <u>JACKSON COUNTY HOME (COL)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) _____ c. (Last) <u>LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-1954</u>		
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2 OCT. 14, 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DONT KNOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DONT KNOW</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DONT KNOW</u>	
13a. FATHER'S NAME <u>DONT KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>DONT KNOW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>DONT KNOW</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JACKSON COUNTY RECORDS JACKSON COUNTY</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNDETERMINED</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11-26, 1954, to 11-27, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Sam'l. H. Griffith</u>		23b. ADDRESS <u>TRINDBERGENCE MO</u>		23c. DATE SIGNED <u>11-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>KANSAS CITY, MO.</u>		24f. LOCATION (City, town, or county) (State) <u>MO.</u>	

DATE REC'D BY LOCAL REG <u>11-29-54</u>		REGISTRAR'S SIGNATURE <u>N. S. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BROWN-HUDSON K. C. MO.</u>	
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(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.....  
Signature of Student Embalmer

Signed.....  
John R. Sidman  
Licensed Embalmer No. 45  
P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.