

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **470**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**
c. LENGTH OF STAY (in this place) **Lifetime**
d. FULL NAME OF HOSPITAL OR INSTITUTION **3138 Felix Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **3138 Felix Street**

3. NAME OF DECEASED (Type or Print)
a. (First) **John**
b. (Middle) **Warren**
c. (Last) **Lewis**
4. DATE OF DEATH (Month) (Day) (Year) **May 5, 1955**

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **January 30, 1897**
9. AGE (In years last birthday) **58**
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) **Divisional Yard Master Stockyards Co.**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **Buchanan County, Mo.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John S. Lewis**
13b. MOTHER'S MAIDEN NAME **Ida P. Goodman**
14. NAME OF HUSBAND OR WIFE **Vina Floy Lewis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) *********
16. SOCIAL SECURITY NO. **487-07-9914**
17. INFORMANT'S SIGNATURE OR NAME **Mrs. Vina F. Lewis**
ADDRESS **St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary Sclerosis**
DUE TO (c) **Hypertension**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH **Instant**

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION **fatal**
20. AUTOPSY? YES NO

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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Febr 19, 1955**, to **May 5, 1955**, that I last saw the deceased alive on **April 26, 1955**, and that death occurred at **10:45A** m., from the causes and on the date stated above.

23a. SIGNATURE **L.P. Senon** (Degree or title) **M.D.**
23b. ADDRESS **St. Joseph Mo.**
23c. DATE SIGNED **5-7-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **May 7, 1955**
24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery**
24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri.**

DATE REC'D BY LOCAL REG. **May 11, 1955**
REGISTRAR'S SIGNATURE **Edith M. Allison**
4850
25. FUNERAL DIRECTOR'S SIGNATURE **Wm. J. Schaefer**
ADDRESS **St. Joseph, 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.....****.....****
Signature of Student Embalmer

Signed.....*Raymond H. Moore*.....

Licensed Embalmer No. 4413.M

P. O. Address.... St. Joseph,

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.