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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18789

FILED JUL 1 - 1955

State File No. 2523

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) Kansas City	c. LENGTH OF STAY (In this place) 40 yrs.	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		STREET ADDRESS (If rural, give location) 116 1016 Forest	

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle) Mina	c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) June 11, 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 31, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 14 RES. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper John K. Burch Company	10b. KIND OF BUSINESS OR IND. OPAL STPS. Supplies	11. BIRTHPLACE (City and State or Foreign Country) Chenoa, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Adam Beach	13b. MOTHER'S MAIDEN NAME Elizabeth Klein	14. NAME OF HUSBAND OR WIFE Paul Lewis
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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. 487-07-4254A	17. INFORMANT'S SIGNATURE OR NAME Paul L. Lewis	ADDRESS 4308 Beck N. Hollywood
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Thrombs-Embolism 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)	DUE TO (c) Bilateral Femoral Phlebs Thrombosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fractured Hip 5-29-55 - E8124.5		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, office, street, public bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 5-29-55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by Car Crossing Street

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	(Degree or title) 3	23b. ADDRESS 1034 Prairie Blvd	23c. DATE SIGNED 6-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/14/55	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 6-13-55	REGISTRAR'S SIGNATURE Neval Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons	ADDRESS 4139 Truman Rd. K.C., Mo.
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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.....

Licensed Embalmer No..... 46

P. O. Address..... H.C. 9

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.