

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19267

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Lafayette</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>3006</u> <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>305 W. 12th</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Chester</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Lewis</u>	(Month) <u>May</u>	(Day) <u>16</u>	(Year) <u>1955</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>Jan 25, 1883</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 4 hrs. Hours   Mins.	
10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) <u>auditor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Service Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Hiram Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Alic Hudson</u>		14. NAME OF HUSBAND OR WIFE <u>Mare Ellen</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>487-10-8988</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Alic Baumgardner 313 Euclid Kansas City Mo</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>331X</u>
				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.			
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) (Min)		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>May 12</u> , 1955, to <u>May 16</u> , 1955, that I last saw the deceased alive on <u>May 15</u> , 1955, and that death occurred at <u>6:35a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joe W Ward M.D.</u>				23b. ADDRESS <u>Lexington, Missouri</u>		23c. DATE SIGNED <u>5-16-55</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-18-55</u>		REGISTRAR'S SIGNATURE <u>Wm. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Melody Mae Gilley &amp; Eyles Kansas City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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

*John A. Paxon*

Licensed Embalmer No. *4999*

P. O. Address. *Kansas City, Mo.*

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

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