

FILED JAN 31 1956

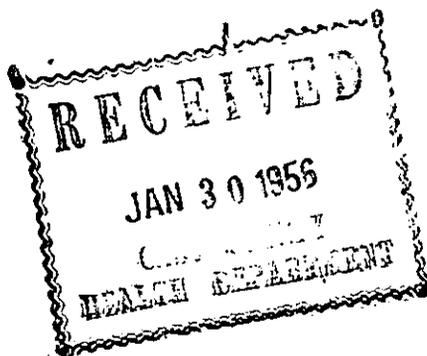
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

599

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Rural Peculiar Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Peculiar Twp.</u> <u>0190</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant View Rest Home</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>LINTON</u> c. (Last) <u>LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1956</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>June 8 1871</u>
9. AGE (In years last birthday) <u>84</u>		9. AGE (If under 1 year) Months _____ Days _____	9. AGE (If under 24 hrs.) Hours _____ Min. _____
10. USUAL OCCUPATION (Give kind of work done during most of working life (if retired)) <u>Farm - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or foreign country) <u>Bloomfield Kentucky Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Alfred Grady Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Dell Lewis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter J. Heid Harrisonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSPASIC POLYEMODIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SPADIPOD</u> DUE TO (c) <u>GENERALIZED ARTEROSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
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) _____		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>NOVEMBER 25</u> , 19 <u>56</u> , to <u>Jan. 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 26</u> , 19 <u>56</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. M. O. Harrisonville Missouri</u>		23b. ADDRESS _____	23c. DATE SIGNED <u>1-28-56</u>
24a. BURIAL CREAM FROM REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>Jan 28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Orient Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 28 1956</u>	REGISTRAR'S SIGNATURE <u>Nora Barua 457</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. O. Harrisonville Mo.</u>	



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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.