0.300
0.48

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16460

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1995

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Hillcrest Nursing Home 2826 Campbell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): RICHLAND HOTEL 402 TRUMAN RD

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): ~~PFAFF~~ O.K.
c. (Last): LEWIS

4. DATE OF DEATH (Month) (Day) (Year): MAY 6, 1956

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JUNE-13-1872
9. AGE (In years last birthday): 83 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: SHOWMAN
11. BIRTHPLACE (City and State or Foreign Country): HANOVER, PENN.
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME O.K.: Louis PFAFF
13b. MOTHER'S MAIDEN NAME: AUGUSTA UNKNOWN
14. NAME OF HUSBAND OR WIFE: —
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.: 495-05-5512A
17. INFORMANT'S SIGNATURE OR NAME: MRS. AUDRA LAIRD — ADDRESS: 2826 CAMPBELL KC MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Trauma to head
~~DUE TO (c)~~: Generalized Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Senility & Incontinence of Bowel & Urine

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): Hotel
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Jackson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 4-1-56 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: fell on bathroom floor striking head on pipe

22. *I hereby certify that I attended the deceased from* 1 May 7, 1956, *to* 7 May, 1956, *that I last saw the deceased alive on* 7 May, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallace H. Graham M.D.
23b. ADDRESS: 518 Argyle Bldg.
23c. DATE SIGNED: 7 May 56

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: MAY 8-1956
24c. NAME OF CEMETERY OR CREMATORY: D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 5-8-56
REGISTRAR'S SIGNATURE: neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE: D.W. NEWCOMER'S SONS 1334 BRUSH CREEK KANSAS City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wallace H. Graham

Jan. 1, 0111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 488

P. O. Address F. C., M

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