

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20591

State File No. 2283

FILED JUN 25 1956

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 1/2 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>1307 AGNES</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1307 AGNES</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Clifford</b>	b. (Middle) <b>LARKIN</b>	c. (Last) <b>LEWIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 22 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 15, 1909</b>	9. AGE (In years last birthday) <b>46</b>	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool &amp; Die ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Robert Mfg. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William H. Lewis</b>	13b. MOTHER'S MAIDEN NAME <b>CARRIE WAPPIN</b>	14. NAME OF HUSBAND OR WIFE <b>VERNA LEWIS</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-05-5497</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS VERNA LEWIS</b>	ADDRESS <b>1307 AGNES K.C. Mo.</b>
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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, arthritis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Progressive Muscular Dystrophy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <b>Malnutrition</b>		<b>7441</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Kansas City Jackson, Mo</b>
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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?
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22. I hereby certify that I attended the deceased from **JAN. 1956**, to **MAY 7, 1956**, that I last saw the deceased alive on **May 4, 1956**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>K. L. Shireman</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4606 St. John Ave. K.C. Mo.</b>	23c. DATE SIGNED <b>5-23-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>MAY 25, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-24-56</b>	REGISTRAR'S SIGNATURE <b>neva munsell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b>	ADDRESS <b>KANSAS CITY, Mo.</b>
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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 emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Ellie Kessel*

Licensed Embalmer No. *469*

P. O. Address.....  
*K.C.M.*

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