

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22874
STATE FILE NUMBER

FILED JUL 30 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 782

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 909 No 13 St.		Length of stay in 1b 18 Months	d. STREET ADDRESS 909 No. 13 Street
3. NAME OF DECEASED (Type or print) THOMAS			4. DATE OF DEATH July 18 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13 1914
9. AGE (In years last birthday) 42	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking Line	11. BIRTHPLACE (City and state or country) Albany Missouri
12. CITIZEN OF WHAT COUNTRY? U S A	13. FATHER'S NAME Charles J. Lewis	14. MOTHER'S MAIDEN NAME Ethel Hopkins	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 497-12-0943	17. INFORMANT Mrs. Irene Lewis	Address St. Joseph Mo.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pyelonephritis DUE TO (b) Diabetes mellitus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from April 4, 1956 to July 18, 1956 and last saw her alive on July 11, 1956. Death occurred at 9:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) J. Carpenter M.D.	22b. ADDRESS 902 Edmund St. City	22c. DATE SIGNED 7/19/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri
24. FUNERAL DIRECTOR St. Joseph Funeral Home	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. July 23, 1956	26. REGISTRAR'S SIGNATURE Esther M. Allison

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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 *Charles E. Bennett*.....

Licensed Embalmer No. *467*

P. O. Address *St Joseph*

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.