

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH157.0 21181
STATE FILE NUMBER

0 4732357 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2932

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD. SILE				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 3308 N. 36 th ST.	
3. NAME OF DECEASED (Type or print) First Middle Last DOROTHY A.M.N. LEWIS				4. DATE OF DEATH Month Day Year JUNE 22, 1957			
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 21, 1957	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		22 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) K. C., Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME SAMUEL A.M.N. LEWIS			
14. MOTHER'S MAIDEN NAME IRENE JONES				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none				17. INFORMANT Address Irene Lewis - 3308 N. 36 th ST.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MARKED PULMONARY ATELECTASIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 7620
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 6-21-57 to 6-22-57 and last saw her alive on 6-22-57 Death occurred at 11:20 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree of title) Eugene P. Chatman M.D.				22b. ADDRESS 9202 1/2 E. 18th St		22c. DATE SIGNED 6-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-25-57		23c. NAME OF CEMETERY OR CREMATORY Blue Ridge		23d. LOCATION (City, town, or county) (State) K. C., Mo.	
24. FUNERAL DIRECTOR ADDRESS W. H. B. Co. 14th & Benton				25. DATE RECD. BY LOCAL REG. 6-24-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Eugene P. Chatman

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases which are not casually related. Coroner cannot certify to a death due to natural causes. All diseases which are not casually related. Coroner cannot certify to a death due to natural causes.

300
1-56Health,
Welfare
Public
Service



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No. *45*

P. O. Address *18th & 15th*

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