

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1535

FILED JAN 23 1958

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 22

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Holtz*

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, give TOWNSHIP only) OR TOWN <b>Independence</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. Sanit. &amp; Hosp.</b> Length of stay in lb <b>30 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>1349 So. Dodgion</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>NATE</b> Middle <b>D.</b> Last <b>LEWIS</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>12,</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 2, 1885</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		9b. AGE (In years last birthday) <b>72</b>	9c. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Std. Oil Co.</b>	10c. BIRTHPLACE (City and state or country) <b>St. Clair Co., Missouri</b>
11. BIRTHPLACE (City and state or country) <b>St. Clair Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Willis Oscar Lewis</b>		14. MOTHER'S MAIDEN NAME <b>Martha Ann Rickman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>486-03-0979</b>	
17. INFORMANT <b>Mrs. Virginia Menke, 1349 S. Dodgion, Indep. Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>with Cardiac Decompensation</b> DUE TO (c) <b>4200</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>thrombosis of Left femoral artery</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
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 <b>9:05 A.</b> Month, Day, Year	
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 <b>1952</b> to <b>1/12/58</b> and last saw <b>her</b> alive on <b>1/11/58</b> Death occurred at <b>9:05 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>MD</b>		22b. ADDRESS <b>10901 Wimmer Rd Independence Mo</b>	
22c. DATE SIGNED <b>1/13/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Jan. 15, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Raytown, Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>George C. Carson, Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-15-58</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

JAN 22 1950

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 *C. Ray Louderback*

Licensed Embalmer No. *50*

P. O. Address *Indep.*

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.