

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014297
STATE FILE NUMBER 1843

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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1-57 D

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
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 Gen'l Hosp. #1		Length of stay in lb 37 years	d. STREET ADDRESS (If outside, give location) 4447 Bales Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Grace Middle M. Last Lewis			4. DATE OF DEATH Month 4 Day 9 Year 1958		
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5. SEX FEMALE	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 SEPT. 23-1906	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and state or country) QUINCY, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME EUGENE B. RAIM.	13b. MOTHER'S MAIDEN NAME ELIZABETH KRAMER.	14. NAME OF HUSBAND OR WIFE MARTIN L. LEWIS
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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) no	16. SOCIAL SECURITY NO. 510-05-6431	17. INFORMANT Martin L Lewis, 4447 Bales KCMO	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix with metastases		INTERVAL BETWEEN ONSET AND DEATH 171*
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)		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 24th & Cherry	COUNTY KC, Mo	STATE
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21. I attended the deceased from April 5, 1958 to April 9, 1958 and last saw her alive on April 9, 1958 Death occurred at 8:56 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. S. ... M.D.	(Degree or title)	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 4-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-11-58	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem	23d. LOCATION (City, town, or county) (State) Kansas City, Mo
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24. FUNERAL DIRECTOR Melody Mc Killy Edgar	ADDRESS KC, Mo	25. DATE RECD. BY LOCAL REG. 4-10-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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Secretary, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BUTTS



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 *John A. Pryor*

Licensed Embalmer No. *2999*
P. O. Address *K. E. M.*

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.