

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021970
State File No. 2028

No. 300
10-48

FILED JUL 11 1958

BIRTH NO. 6495 29493-59 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2028

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas city</u>		c. LENGTH OF STAY (In this place) <u>2hr 41m</u>	c. CITY OR TOWN <u>Kansas city</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Queen of the World Hosp</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Benjamin</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Lewis IV</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1958</u>	
5. SEX <u>♂</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>June 8, 1958</u>
9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>New Born premature</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Benjamin Franklin Lewis</u>	
13b. MOTHER'S MAIDEN NAME <u>Wilene Ann Hall</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilene Lewis</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage into the pleural and pericardial cavities</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7715</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Possible premature separation of the placenta a maternal contributory factor.... Anoxia</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6/8/1958</u> , to <u>6/8/58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6/8/58</u> , 19 <u>58</u> , and that death occurred at <u>4:30 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Samuel U. Rodgers M.D.</u> (Degree or title)		23b. ADDRESS <u>2462 A Benton</u>	
23c. DATE SIGNED <u>6-5-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sumner</u>		24d. LOCATION (City, town, or county) (State) <u>R. C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-10-58</u>		REGISTRAR'S SIGNATURE <u>Neva Minkoff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. Funeral Home</u>		ADDRESS <u>18th & Benton</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Samuel U. Rodgers

1188-1-8811
①
K.P.
④

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..... *Bruce R. Watkins*

Licensed Embalmer No..... *45*

P. O. Address..... *18th St.*

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.