ealth, Welfare ublic Service 89 Jefferson 300 1-56

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FILED JUL 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021972
STATE FILE NUMBER 2928

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. LUKES — Length of stay in Hospital: —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 7810 E. 99 TERR — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First LORI Middle GIRL Last LEWIS — BABY
4. DATE OF DEATH: Month 6 Day 6 Year 58
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-4-58
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 42 Min. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Kansas City Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WOFFORD EUGENE LEWIS
14. MOTHER'S MAIDEN NAME: BETTY JO VEST
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. BETTY LEWIS — Address: 7810 E 99 TERR KCMo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hyaline Membrane Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity + Anoxemia.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7625
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____, to 6/6/58 and last saw her/him alive on ____
Death occurred at 2:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert C. Swisher (Degree or title) MD
22b. ADDRESS: 425 E. 63rd St. K.C. Mo.
22c. DATE SIGNED: 6/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: JUNE 10, 1958
23c. NAME OF CEMETERY OR CREMATORY: D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: KANSAS City, Mo
25. DATE RECD. BY LOCAL REG.: 6-10-58
26. REGISTRAR'S SIGNATURE: Neva Minkello

(Licensed Embalmer's Statement on Reverse Side)

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

Robert C. Swisher

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 Chester K Brown

Licensed Embalmer No. 4

P. O. Address K C

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.