

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025630

State File No. 3188

FILED JUL 17 1958

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3188
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, write RURAL and give township) c. LENGTH OF STAY (In this place) TOWN KANSAS CITY 23 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN KANSAS CITY		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		STREET ADDRESS (If rural, give location) 6019 CENTRAL STREET		
3. NAME OF DECEASED (Type or Print) LURA		a. (First) H.	b. (Middle)	c. (Last) LEWIS
4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1958		5. SEX Female		6. COLOR OR RACE White
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-9-1895		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME URIAH HOYT		13b. MOTHER'S MAIDEN NAME ELLA MOORE
14. NAME OF HUSBAND OR WIFE FRANK J. LEWIS		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'S SIGNATURE OR NAME FRANK J. LEWIS		ADDRESS 6019 CENTRAL ST. KANSAS CITY MO.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma ovary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1750
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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) (Min)		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 Jan 1958, to June 27, 1958, that I last saw the deceased alive on June 26, 1958, and that death occurred at 9:45 AM, from the causes and on the date stated above.				
23a. SIGNATURE A. W. Robinson		(Degree or title) MD.		23b. ADDRESS 4635 Wyandotte
23c. DATE SIGNED 6-27-58		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JUNE 28 1958
24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State)
DATE REC'D BY LOCAL REG. 6-28-58		REGISTRAR'S SIGNATURE new minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 101 W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
A. W. Robinson



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
Student Embalmer

Signed

Albert L. Savage

Licensed Embalmer No. 48120

P. O. Address Kansas City, Mo.

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 this body is not embalmed, fact should be so stated above.