

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025947

STATE FILE NUMBER 305

FILED JUL 30 1958

Registration District No. 146 Primary Registration District No. 4237 Registrar's No.

Health, Welfare, Public Service

300 1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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 Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9106 E 68 Terr			Length of stay in 1b Lifetime		d. STREET ADDRESS (If outside, give location) 9106 E 68 Terr		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Harry Leonard Lewis			First	Middle	Last	4. DATE OF DEATH July 18 1958	
5. SEX Male	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. 29, 1891		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief of Police City of Raytown			10b. KIND OF BUSINESS OR INDUSTRY City of Raytown		11. BIRTHPLACE (City and state or country) Raytown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Franklin Lewis				14. MOTHER'S MAIDEN NAME Mary B. Pendleton			
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. 495-09-6260		17. INFORMANT Jennie Bell Lewis Raytown, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation							INTERVAL BETWEEN ONSET AND DEATH Several Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Thrombosis		DUE TO (c) Arteriosclerotic Heart Disease		Interval between onset and death Anti- Type	
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.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>							
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		COUNTY STATE	
21. I attended the deceased from January '49 to Death and last saw him ^{her} alive on 7-16-58 Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William G. Embark M.D. (Degree or title)				22b. ADDRESS Raytown Mo		22c. DATE SIGNED 7-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery		23d. LOCATION (City, town, or county) (State) Raytown, Missouri		
24. FUNERAL DIRECTOR Ellank Agent Raytown, Mo				25. DATE RECD. BY LOCAL REG. 7-20-58		26. REGISTRAR'S SIGNATURE James H. Gray	

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 *Clark Steger*

Licensed Embalmer No. *398*

P. O. Address *Raytown*

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.