

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044239

STATE FILE NUMBER

FILED JAN 9 1959

Registration District No. 149 Primary Registration District No. 1.002 Registrar's No. 6007

300  
1-57

|   |                                  |   |  |  |  |   |  |  |
|---|----------------------------------|---|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>   |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN <b>Kansas City</b>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3015 East 32nd. st.</b>   |                                  |   | Length of stay in lb <b>30 yrs.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>3015 E. 32nd. st.</b>  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>John</b> Middle <b>P.</b> Last <b>Lewis</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>12</b> Day <b>17</b> Year <b>1958</b>   |  |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>12/25/1895</b>  |  | 9. AGE (In years last birthday)<br><b>62</b>  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                           | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Truck Driver</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Allen Trans. Co.</b>                                 |  | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Kansas</b>         |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>                            |  |
| 13a. FATHER'S NAME<br><b>John A. Lewis</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Stewart</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>                                       |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes W.W.# 1</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>-</b>  |  | 17. INFORMANT<br>Address<br><b>Stella Hunt 1201 Garfield K. C. Mo.</b>           |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Respiratory Failure</b>  |                                  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hours</b>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Arteriosclerosis</b>   |                                  |   |  |  |  | <b>4 years</b>  |  |  |
| DUE TO (c) <b>Syphilitic</b>  |                                  |   |  |  |  | <b>20 years</b>   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>no</b>  |                                  |   |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>7:20 P.M.</b> Month, Day, Year   |                                  |   |  |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <b>Dec. 15, 1958</b> to <b>Dec. 17, 1958</b> and last saw her alive on <b>Dec. 17, 1958</b><br>Death occurred at <b>7:20 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Emmett F. Walls</b>  |                                  |   | 22b. ADDRESS<br><b>2628 Troost</b>   |  |  | 22c. DATE SIGNED<br><b>12-19-58</b>   |  |  |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>12/23/1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>                               |  | 23d. LOCATION (City, town, or county) (State)<br><b>Fort Leavenworth, Kansas</b> |   |  |  |
| 24. FUNERAL DIRECTOR<br><b>Mrs. J. W. Jones 440 state ave. Kans.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-19-58</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>News Marshall</b>                                |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Emmett F. Walls

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

X 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 *Ernest English*  
Licensed Embalmer No. *4105*  
P. O. Address *440 1st 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.