

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040192

FILED VS NOV 23 1959

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 5343

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2.5 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Albritton Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2444 Prospect		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Owen Middle Lewis Last Lewis				4. DATE OF DEATH Month 11 Day 3 Year 1959				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4-13-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Calvin Lewis			13b. MOTHER'S MAIDEN NAME Cora Walker			14. NAME OF HUSBAND OR WIFE Alberta Lewis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			16. SOCIAL SECURITY NO. 510-05-6223		17. INFORMANT Address Bertha Duncan, 2444 Prospect-K.C.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) Multiple Cerebral Thromboses 3 1/2 hrs DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. marked nutritional anemia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) none					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson Mo		COUNTY Jackson		STATE MO		
21. I attended the deceased from 27 Sept 59 to 3 Nov 59 and last saw him alive on 2 Nov 59 Death occurred 1:30 pm on the date stated above, and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE (Degree or title) John H. Welch MD				22b. ADDRESS 4011 Linwood Blvd Kansas		22c. DATE SIGNED 11-6-59		
23a. BURIAL, CREMATION, or REMOVAL (Specify) Removal		23b. DATE 11-9-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth Kansas			
24. FUNERAL DIRECTOR Nathan W. Thatcher K.C.K.				25. DATE RECD. BY LOCAL REG. 11-6-59		26. REGISTRAR'S SIGNATURE Reva Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 28 1960

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 Clifford J. Woods

Licensed Embalmer No. 3706

P. O. Address 1520 N. 5

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.