

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 24 1960

2604-60-019490
STATE FILE NUMBER

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

| | | | | | | | |
|--|--|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i> | | Length of stay in 1b <i>40 yr.</i> | | c. CITY OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3240 Smart</i> | | | Include Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>3240 Smart</i> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Henry</i> Last <i>Lewis</i> | | | | 4. DATE OF DEATH Month <i>5</i> - Day <i>10</i> - Year <i>1960</i> | | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <i>11-26-1876</i> | 9. AGE (last birthday) <i>83</i> | IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i> | IF UNDER 24 HR Hours <i>-</i> Min. <i>-</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Baker</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Bakery Products</i> | | 11. BIRTHPLACE (City and state or country) <i>Knox County, Mo.</i> | | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>Unknown</i> | | 13b. MOTHER'S MAIDEN NAME <i>Emma A. Schultz</i> | | 14. NAME OF HUSBAND OR WIFE <i>Lena A. Lewis</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>487-03-0704</i> | | 17. INFORMANT <i>Ms. Eva Lappin</i> | | Address <i>3240 Smart K.C. Mo</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Death by suffocation</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | | | | 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Put plastic Bag Over Head. Tied towel around neck</i> | | | | | |
| 20c. TIME OF INJURY Hour <i>5-1060</i> a.m. p.m. | | 20d. PLACE OF INJURY (If in or about home, give room, factory, street, office bldg., etc.) <i>Red</i> | | 20e. CITY, TOWN, OR LOCATION <i>Kansas City</i> | | COUNTY <i>Jackson</i> STATE <i>Mo</i> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | | | | |
| 21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Hugh H Owens Carmo</i> | | | | 22b. ADDRESS <i>1034 Paltto Bldg</i> | | 22c. DATE SIGNED <i>5-11-60</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>5-12-1960</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cemetery</i> | | 23d. LOCATION (City, town, or county) <i>Kansas City, Mo.</i> | | (State) |
| 24. FUNERAL DIRECTOR <i>C.D. Blackman & Son Inc K.C. Mo</i> | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <i>5-11-60</i> | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> | |

DOCUMENT

Hugh H. Owens Carmo

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.C. Quinn

Licensed Embalmer No. 4879

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.