

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034873

FILED VS 001 1-0-1860

149

Primary Registration District No. 1002

Registrar's No. 4837

STATE FILE NUMBER

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 KANSAS CITY		Length of stay in 1b 40 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 RESEARCH Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4229 CHESTNUT AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN J. LEWIS				4. DATE OF DEATH Month Day Year SEPT. 21 1960				
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 10-9-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ADVERTISING DEPT.		10b. KIND OF BUSINESS OR INDUSTRY JENKINS Music Co.		11. BIRTHPLACE (City and state or country) JACKSON Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S. A.		
13a. FATHER'S NAME WILSON LEE LEWIS			13b. MOTHER'S MAIDEN NAME MARGARET COOPER			14. NAME OF HUSBAND OR WIFE IDA 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. 486-05-0914		17. INFORMANT Address IDA LEWIS, 4229 CHESTNUT, 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) Cerebral Hemorrhage 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 (a)						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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. _____ 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 Nov 3, 1959 to Sept 21, 1960 and last saw him alive on Sept 21, 1960 Death occurred at 3:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ann O'Brien				22b. ADDRESS M.D. 924 Professional Bldg		22c. DATE SIGNED 9/23/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-24-60	23c. NAME OF CEMETERY WOODLAWN CEMETERY		23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.				
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, 1331 BRUSH PK.			25. DATE RECD. BY LOCAL REG. 9-24-60		26. REGISTRAR'S SIGNATURE H-L Dwyer			
ADDRESS K.C. Mo.								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DON A. BLACK

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 *Harry E. Clemens*

Licensed Embalmer No. 4550
P. O. Address *Pleasant*

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