SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

-61-001755
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 75

DATE AMENDED 6-19-61

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP. — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 17911 KENTUCKY ROAD — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First NANCY Middle DELORES Last LEWIS
4. DATE OF DEATH Month Jan Day 31 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-26-1950
9. AGE (last birthday) 10 — 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) CHILD
10b. KIND OF BUSINESS OR INDUSTRY CHILD
11. BIRTHPLACE (City and state or country) PARSONS, KANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS E. LEWIS
13b. MOTHER'S MAIDEN NAME HELEN DELORES MATTOX
14. NAME OF HUSBAND OR WIFE. NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Thomas E. Lewis, 17911 Kentucky, Indep., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left Frontal abscess (brain) — INTERVAL BETWEEN ONSET AND DEATH 6 wks?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Beta Hemolytic Streptococcus
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES XX NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 7 61, to Jan 31. 1961 and last saw her/him alive on Jan 30, 1961
Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E H Dorsch (Degree or title) MD
22b. ADDRESS 10901 Winner Rd. Indep Mo
22c. DATE SIGNED 1/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-3-61
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG. 2-2-61
26. REGISTRAR'S SIGNATURE James H Crane

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. 18b SHOULD READ Beta Hemolytic Streptococcus INSTEAD OF

BY AFFIDAVIT OF Attending physician DOCUMENT

Dr. Dor

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

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.