

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42518

State File No. _____

485
JAN 6 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 496

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, write RURAL and give township) OR TOWN Independence c. LENGTH OF STAY (in this place) 1 week

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3658

d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitorium d. STREET ADDRESS (If rural, give location) 3929 Kenwood

3. NAME OF DECEASED
a. (First) Maude b. (Middle) Bell c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year) 12 8 52

5. SEX Fe. **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Widowed

8. DATE OF BIRTH 7-22-1892 **9. AGE (In years last birthday)** 60 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Machine Oper. **10b. KIND OF BUSINESS OR INDUSTRY** H. D. Lee Co.

11. BIRTHPLACE (City and State or Foreign Country) Platesburg, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME George Mayse **13b. MOTHER'S MAIDEN NAME** Mary K. Marquis **14. NAME OF HUSBAND OR WIFE** Lawrence L. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Mrs. D. L. Nolen **ADDRESS** 3937 Kenwood KCMO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute peritonitis

ANTECEDENT CAUSES
DUE TO (b) Perforation of ileum
DUE TO (c) Pelvic peritonitis and carcinoma of cervix

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 171x **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Rathabogast, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lorraine E. Schultz, M.D. **23b. ADDRESS** Independence San. and Hospital **23c. DATE SIGNED** 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial **24b. DATE** 12-11-52 **24c. NAME OF CEMETERY OR CREMATORY** Mt. Moriah **24d. LOCATION (City, town, or county) (State)** Kansas City Mo.

DATE REC'D BY LOCAL REG. 12-11-52 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** Melody-McGilley-Eylar **ADDRESS** KCMO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Glen E Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.