

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036610

STATE FILE NUMBER 4747

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4747

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3440 College Length of stay in 1b 52yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3440 College Reside on Farm Yes No

3. NAME OF DECEASED First MARY Middle LOUISE Last SEARIGHT
4. DATE OF DEATH Month 10 Day 6 Year 58
5. SEX 3 female 6. COLOR OR RACE Negro 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Sept. 26, 1883 9. AGE (In years - left birthday) 75 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Memphis, Tenn. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Martin A. Lewis 13b. MOTHER'S MAIDEN NAME Anna White 14. NAME OF HUSBAND OR WIFE Albert Searight

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. 17. INFORMANT Matilda Lewis Address 305 W. 51st St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 0

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 .Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 9/30/58 to 10/6/58 and last saw her/him alive on (2:30 PM) 10/6/58
Death occurred at 2:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Walden M.D. 22b. ADDRESS 2244 E. 91st St. 22c. DATE SIGNED 10-8-58

23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial 23b. DATE 10-10-58 23c. NAME OF CEMETERY OR CREMATORY Highland 23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fu. Home 18th Benton 25. DATE RECD. BY LOCAL REG. 10-8-58 26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

J. M. Walden



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 Bruce R. Watkins.....

Licensed Embalmer No. 4530.....
P. O. Address 18th Benton.....

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.