

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008787

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1028 STATE FILE NUMBER

AMENDED

FILED MAR 20 1961

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CITIZEN, Lewis Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u> | | d. STREET ADDRESS (If outside, give location) <u>2 EAST 69th TERRACE</u> | |

| | | | | | | |
|---|----------------------------------|---|---|--|--------------------------------|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lewis W Gillette</u> | | | 4. DATE OF DEATH Month Day Year <u>FEB 24 1961</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-12-07</u> | 9. AGE (last birthday) <u>54</u> | 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) <u>SENIOR COPYWRITER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising</u> | | 11. BIRTHPLACE (City and state or country) <u>Houston Tex</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Regan Gillette</u> | | 13b. MOTHER'S MARRIEN NAME <u>Lola Emma Lewis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ara Virginia Gillette</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Jean Mains 2 E. 69th. Nev.</u> | |

| | | |
|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of lung</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 y.</u> |
| 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 (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 Month, Day, Year a.m. p.m. | | | | | |
| 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 1 Dec 1958 to 24 Feb 1961 and last saw ^{her}him alive on 24 Feb 1961
Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|---|--|---|--|--|
| 22a. SIGNATURE (Degree or title) <u>Blaine Z. Hibbard D</u> | | 22b. ADDRESS <u>411 Nichols Rd KPM</u> | | 22c. DATE SIGNED <u>24 Feb 61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u> | | 23b. DATE <u>2/27/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Stone + McClure K.C. Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-27-61</u> |
| 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | | | | |

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Blaine Z. Hibbard
ITEM NO. SHOULD READ

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 William M. Turner

Licensed Embalmer No. 4048

P. O. Address Kansas City

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.