

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39764

State File No. ....

FD NOV 23 1953

BIRTH NO. .... REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY</b>		c. LENGTH OF STAY (In this place) <b>11 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY</b>		<b>0690</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>411 E. DOVER</b>			d. STREET ADDRESS (If rural, give location) <b>411 E. DOVER</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>WELLINGTON</b> c. (Last) <b>LEWELLEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 15 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>August 13 1865</b>		9. AGE (In years last birthday) <b>88</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b> IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RET)</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MONROE County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JACOB LEWELLEN</b>		13b. MOTHER'S MAIDEN NAME <b>MARYE HURD <i>aka Luella</i></b>		14. NAME OF HUSBAND OR WIFE <b>Waisey F. LEWELLEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Orville Lewellen Stoutville Mo</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SENILITY</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIO-SCLEROSIS</b> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>24 YEARS</b> <b>5 YEARS</b>
	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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>334 X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **JAN 10 1951**, to **NOV 15 1953**, that I last saw the deceased alive on **NOV 14 1953**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Orville Lewellen M.D.</b> (Degree or title)		23b. ADDRESS <b>Monroe City Mo</b>		23c. DATE SIGNED <b>Nov 16 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov. 17-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Jude's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-17-53</b>	REGISTRAR'S SIGNATURE <b>E. L. Robertson</b> <b>471</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILSON &amp; SON Monroe City, Missouri</b>		

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

S. No. 300  
V. 10. 48  
0690

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.