

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7529

State File No.

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson</u>	c. LENGTH OF STAY (In this place) <u>all life</u>	c. CITY OR TOWN <u>Branson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homes</u>		e. STREET ADDRESS (If rural, give location) <u>R.O. Post</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess. R.</u>	b. (Middle)	c. (Last) <u>Lewallen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2. 10-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 22-1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmers</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Taney Co Mo. O</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Lewallen</u>	13b. MOTHER'S MAIDEN NAME <u>Angelero Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Lena K. Lewallen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Keller Lewallen</u> ADDRESS <u>Branson Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 8-7, 1954, to 2-10, 1954, that I last saw the deceased alive on 2-10, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Clibbin</u> (Degree or title)	23b. ADDRESS <u>Branson, Mo.</u>	23c. DATE SIGNED <u>2-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lewallen</u>	24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-16-54</u>	REGISTRAR'S SIGNATURE <u>J.E. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u> ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10.48

FEB 24 1924

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 *Minnie L. Welchel*

Licensed Embalmer No. *22*

P. O. Address *Branson*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**