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| BIRTH NO. _____ | | REG. DIST. NO. <u>37</u> | | PRIMARY REG. DIST. NO. <u>4049</u> | | Registrar's No. <u>30</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>BOONE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: rankles before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA</u> | | c. LENGTH OF STAY (In this place) <u>12 MO.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION</u> <u>0690</u> | | d. STREET ADDRESS (If rural, give location) <u>14 N. S. W. OF PARIS, MO</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WAY REST HOME</u> | | | | 3. NAME OF DECEASED a. (First) <u>BELIA</u> b. (Middle) _____ c. (Last) <u>LEWELLEN</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 1st 1954</u> | | 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>JUNE 23, 1880</u> | | 9. AGE (In years last birthday) <u>74</u> | | if UNDER 1 YEAR Months <u>3</u> Days <u>9</u> | | if UNDER 18 MOS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>VIRGINIA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u> | |
| 13a. FATHER'S NAME <u>DAVE SUDSBERRY</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>ORLANDO I. LEWELLEN</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. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>D. J. Swallow RFD 3 ABILE, MO.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | 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. <u>Arteriosclerotic Heart disease per year</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 334 X | |
| 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 <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 <u>Aug 27, 1954</u> to <u>Oct 1, 1954</u> , that I last saw the deceased alive on <u>Sept 27, 1954</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>D. J. Swallow</u> | | | | 23b. ADDRESS <u>M.D. Centralia, Mo</u> | | 23c. DATE SIGNED <u>10-1-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Oct 3, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>HOLIDAY, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct 1-1954</u> | | REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Handy Baber</u> | | ADDRESS <u>PARIS, MISSOURI</u> | |

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

0100 4

OCT 19 1951

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 E. H. Brown

Licensed Embalmer No. 4000
PARIS, MISSOURI

P. O. Address _____

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.