

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32294

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1167

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Mo. Metho. Hospital		e. STREET ADDRESS (If rural, give location) RR #6	0110 1

3. NAME OF DECEASED (Type or Print)	a. (First) BOLEN	b. (Middle) LEE	c. (Last) LEWELLEN	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 29, 1955
-------------------------------------	-------------------------	------------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 23, 1909	9. AGE (in years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Feeney Const. Co.	11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
--	--	---	--

13a. FATHER'S NAME James Lewellen	13b. MOTHER'S MAIDEN NAME Flora King	14. NAME OF HUSBAND OR WIFE Violet L. Lewellen
--	---	---

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. 487-01-4489	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ramona Lewellen, RR #6, St. Joseph, Mo.
--	--	--

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Skull Fractures		1 day
	ANTECEDENT CAUSES DUE TO (b) Automobile-Train Collision DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Man was injured in a train-automobile accident and was dead on arrival at the Missouri Methodist Hospital		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Road	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Washington Twp., Buchanan Missouri
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 29, 1955 7:51 P. M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by a train on crossing.
--	---	--

22. I hereby certify that I attended the deceased from viewed on Oct 29, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:51 P. M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Coroner) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 10-30-55
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. Nov 4, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 28 1956

NOV 4 1955

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.....
John E. Rupp

Licensed Embalmer No. 398
P. O. Address.....
St Joseph

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.