

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2009BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Becky Thatcher Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>838 Country Club Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur L.</u> b. (Middle) <u>Lewellen</u> c. (Last) <u>Lewellen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 4, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 20, 1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 10 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hannibal & St. Louis</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Swinky Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Richard Lewellen</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Nimmo</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Simmons</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 <u>Mrs. Lillian E. Jones</u>		ADDRESS <u>Hannibal Missouri</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic heart disease</u> DUE TO (c) <u>Prostatic hypertrophy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 months</u> <u>10 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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. 24, 19 56, to Feb. 4, 19 56, that I last saw the deceased alive on Feb. 3, 19 56, and that death occurred at 12:02 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Jan Canella MD</u> (Degree or title)		23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>		23c. DATE SIGNED <u>2-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/6/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-7-56</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lunde by J. C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Campbell</u>	ADDRESS <u>Hannibal Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 8 1959
MARION CO. HEALTH DEPT.
DATE FILED FEB 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W. Crawford Smith*

Licensed Embalmer No. 3

P. O. Address... Hannibal

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