

STANDARD CERTIFICATE OF DEATH

State File No. 31521

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5843 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Galena, Kansas R.F.D.	c. LENGTH OF STAY (In this place) 53	c. CITY (If outside corporate limits, write RURAL and give township) Galena, Kansas R.F.D # 2 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles S.E. of Galena, Kansas		d. STREET ADDRESS (If rural, give location) Same as before	

3. NAME OF DECEASED (Type or Print) a. (First) Lloyd b. (Middle) Lewellen c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sent. 21, 1956		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1903	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pb Miner	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Newton County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Lewellen	13b. MOTHER'S MAIDEN NAME Canitola Dennis	14. NAME OF HUSBAND OR WIFE Helen Lewellen
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Helen Lewellen	ADDRESS R 2 Galena, Kansas
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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 5 HOURS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Pulmonary Tuberculosis 2 years 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 None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **April 10, 1956**, to **Sept. 21, 1956**, that I last saw the deceased alive on **9-21-56**, 1956, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Stephens M.D.	(Degree or title)	23b. ADDRESS 211 W. 20th Galena, Kas	23c. DATE SIGNED 9-21-56
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	24b. DATE Sent. 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Galena, Kansas
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DATE REC'D BY LOCAL REG. 9-22-56	REGISTRAR'S SIGNATURE Mrs. Irene Russell	5. FUNERAL DIRECTOR'S SIGNATURE J. O. Derfelt	ADDRESS Galena, Kansas
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ray S. Deifelt*

Licensed Embalmer No. *4945*

P. O. Address *Salina Kansas*

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.